9709

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARKET STATISTICAL RESEARCH AND RECORDS — BALTIMORE STATISTICAL RESEARCH PROPERTY — BALTIMORE STATISTICAL RESEARCH PROPE

BALTIMORE 1, MARYLAND	0	9	62	3
TH		,		

		PLACE OF DEATH a. COUNTY			o. STATE	DENCE (Where deceased		esidence before	e odmission)
1		Vashington		MARYLAND		vland W	a shing to	n	
)		 CITY OR TOWN (If outside corporate I RURAL and give nearest town) 	imits, write c. L	ENGTH OF STAY IN 16	c. CITY OR T	OWN (If autside corpora	ote limits, write RURAL	ond give near	rest town)
		Hagerstown RF	D	3 Yrs	103 H	agerstown			
,	0	d. NAME OF HOSPITAL (If nat in hospital OR INSTITUTION	l, give street addre		d. STREET A			e	ON A FARM?
1	M	dennonite Home f	or the	Aged	420	No Locust	tSt		YES NO
	3. N	NAME OF DECEASED (Type or print) MAR	First	Middle FUSS	ANGLE	4. DATE OF DEATH	August	2 1960	_
	5. S	EX 6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1 5	1 1 1 1 1 1		IF UNDER 24 HRS.
		Female white	WIDOWED X	DIVORCED [June 1:	3. 1863	97 yrs. Mo	onths Days	Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of war during most of working life, even if retir	rk dane 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State ar foreign co	intry) Pa 1	2. CITIZEN OF	WHAT COUNTRY?
1		Housewife	Own	Home	Greence	astle Fran	nklin Co	U	SA
1	13. F	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
		John Fuss			1100	No Record	i		
	1S. V	WAS DECEASED EVER IN U. S. ARMED F			INFORMANT		Address		
	,,,,,,,	(If yes, give wor or dates	N	one G	eorge F.	. Bell 112	37 Hamilt	ton Bl	vd
		1B. CAUSE OF DEATH [Enter only one	couse per line far	r (a), (b), and (c).]	Hage	rstown Md.		INTE	RVAL BETWEEN ET AND DEATH
		PART I. DEATH WAS CAUSED BY	(o) M2	innanc	- A6	domine		2	- me
		DUE DUE		0	1				
		Conditions, if ony, which)	(b)					0.9407	
		gave rise to immediate DUE							
		lying cause last.	(c)				DESCRIPTION OF THE PARTY OF THE		
	Z	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONT	RIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN I	N PART 1(o) 19	P. WAS AUTOPSY PERFORMED?
	SATE I							F- 24	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of	f injury in Port I or Part	II of item 1B.)		
		(IF EITHER, NOTIFY MEDICAL EXAMINE	R)						
	MEDICAL	20c. TIME OF INJURY Month, Day,			PLACE OF INJURY (I foctory, street, affice	Home, farm, 20f. (City	or town)	(County)	(Stote)
	WED	Hour a.m. p. m.	9 While at work	Nat while at work	rociory, sireer, diffice	bidg., etc.)			
		21. I certify that (I) (this haspi	tal) attended t	the deceased from	stone 18	- 1060 to 1	109.2	1960 the	ot (I) (wa) last
		sow the deceased alive on A	V(2			d ot & PM, from t	1		1 / 1
		22a. SIGNATURE		- VIIII VIII VIII	dedili discorre	organia iromi	no cayses and o	ii iiie dole	22b. DATE
3		Gland a. L	telln	~	M.D. PHYS.	MED.	STAFF PHYS.	Avy	3- SIGNED
		22c. PHYSICIANS NAME (Type)	1/1/2		22d. ADDRE	SS 2 14 N	· Portom?	+6 25	-1
		LIBY LA	HOF	Fman		Hacor	stown,	37	52.
	23o.	BURIAL, CREMATION, 23b. DATE THE	REOF 23c	. NAME OF CEMETERY	OR CREMATORY	2 d. LOCATI	ON (City, town, or ca	iunty)	(Stote)
	E	Burial 8/5/60	Ro	se will (Cemeterv	Hager	stown Was	ah Co	Ma
W	24. 1	FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS		25a. REC'D BY REGISTR	والمنطقة والمتحالة والمتحالية	R'S SIGNATUR	E
		Andrew K. Coffn	an Hage	erstown Mo	i.	DANEG 5 '60	arthur &	P. House	ANGEL S

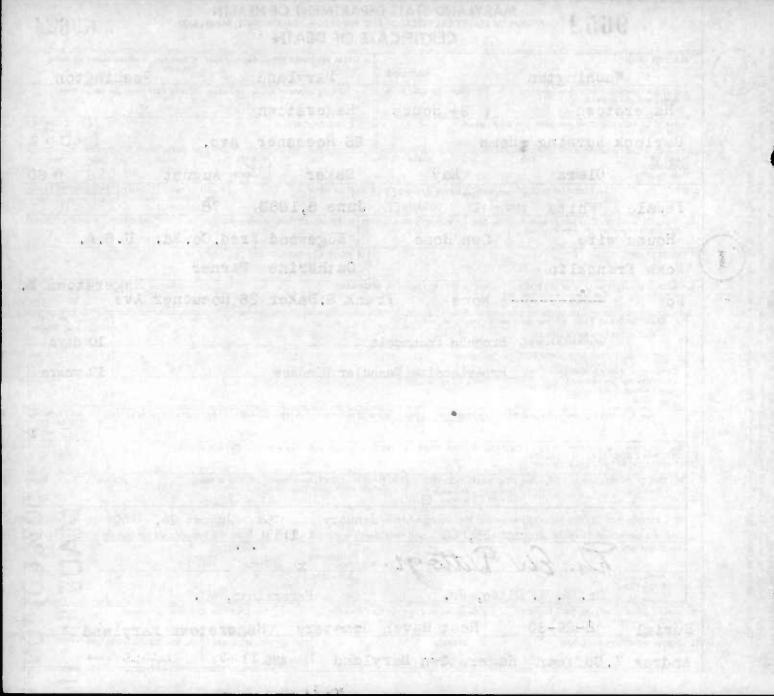
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rs after death. Page

VR A1S (4) 1SM 9/S9

1. PLACE a. COI	OF DEATH	shington		MAR	YLAND	a. STATE	ylar		d lived. If institut b. COUNTY		ningt	
b. CITY	Y OR TOWN (II	outside carporate limi arest town)	ts, write	c. LENGTH OF STAY		Land Article			rate limits, write l	RURAL and g	ive nearest	tawn)
	agers			24 Hou	rs	Hager		m		Us	X .	
_OR	INSTITUTION	AL (If not in haspital, g				d. STREET AD				1	0	S RESIDENCE
Ga	rlock	Nursing	EHom	е		26 Roe	ssne	er A	ve.		YE	S NO A
3. NAME DECEA	OF SED	Cl3 c	st	Middle	е	Lost Do le o m		4. DATE OF	Mo		Day	Year
	ar print)	Clara		May		Baker		DEATH			26	19 60 UNDER 24 HRS.
5. SEX	male	6. COLOR OR RACE White	/ MARR			June 6		2	9. AGE (In years last birthday) 78 yrs	Months		aurs Min.
10o. USU.	AL OCCUPATIO	N (Give kind of work	dane 10b.	_	OR INDUS						ZEN OF WH	HAT COUNTRY?
durir	ouse W	ing life, even it refired		Own Home					d. Co. Md	L. U.	S.A.	
	er's NAME	ncklin				Cathe			rner			
	DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT ank S.B	aker	26				town M
Ca gov cou		mmediate (Br	oncho Pneu pertensive	monia		sease				10 (days vears
FICATION	FILE	IER SIGNIFICANT CON	IDITIONS C							IVEN IN PART	P	WAS AUTOPSY PERFORMED? ES NO [2]
OR C	ACCIDENT WAS CONTRIBUTING ITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter nature of	injury in h	raft I or Par	T II Of Item Ib.)			
WEDICAL 20c.	TIME OF INJUR Hour o.m. p.m.	Y Manth, Doy, Ye	ar 20d. It While at war	NJURY OCCURRED Nat while k ot wark	20e. PLA fact	CE OF INJURY (Harry, street, office	lame, farm bldg., etc.	20f. (City	y or town)	(0	Caunty)	(State)
21. 1	certify the	t (I) (this hospita sed alive an Au	l) attend	led the deceased 25, 1960, and	d fromd	January eath accurred	19! atl:5	M. fram	August 20 the causes a	nd an the	Q., that e date st	(I) (we) last ated abave
	SIGNATURE <	Dr. Ex	V,8	Ditto	91	ATTENDING	9 ME	P.M. ED. RECTOR	STAFF PHYS.			22b. DATE SIGNED
	PHYSICIAN'S NAME (Type)	Dr. E. W.	Ditt	o, Jr.		22d. ADDRE		stown	Md			
	IAL, CREMATIC		OF .	23c. NAME OF CE	METERY OF	RCREMATORY		23d. LOCA	TION (City, tawn,	, ar caunty)		(State)
Bur	OVAL (Specify)	8-29-60		Rest Ha	ven	Cemeter	cy	Hage	rstown	Marv	land	
	RAL DIRECTOR	S SIGNATURE		ADDRESS				D BY REGIS	TRAR 25b. REC	SISTRAR'S SIC	GNATURE	
And	rew K	Coffman	Hag	rerstOwn	Marv	land	DATE A	G 3 1 '6	60 C	sing &	Themes	



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ofter death. Page 4

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ot an faire	The Space of Valid		come permit
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The state	And the state of the state of		
	the burner of the state of the	ment I works	Levent motors business

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09626

			304	
Reg.	Dist.	No.	302	

Q_COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institu	fion: Residence bet	ore admission)
Washington	MARYLAND	W. Va.	Jefferson		Y
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give ne	earest town)
near pargan	a few Hrs	Sheph	erdstown	6.5	X
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Potomac River		Moller	Cross Roads		YES NO K
3. NAME OF First	Middle	Last	4. DATE Month	n Day	Year
(Type or print) WALTER ARM	STRONG BA	RB	DEATH Aug	ust 24	1960
	ED NEVER MARRIED 8.		9. AGE (In years		IF UNDER 24 HRS.
Male white WIDOWE	DIVORCED T	ecember 1	6 1943 16 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. It during most of working life, even if refired)	IND OF BUSINESS OR INDUST	RY 11. BINTHPLACE ISIGN	son con W. Va	12. CITIZEN OF	WHAT COUNTRY
In School		Mollers			SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	 	,	V-72-20-0
Thomas Lee Barb		Edna De	Lander		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address		
(If yes, give wor or dotes of service)	None The	omas L. Ba	rb Shepherds	town W.	Va.
18. CAUSE OF DEATH [Enter only one couse per line			RFD		VAL BETWEEN
PART I, DEATH WAS CAUSED BY:	OWNING		ICF D	ONSE	VSTANT
193 IMMEDIATE CAUSE (0)	OMMING				1317111
DUE TO					
Conditions, if any, which gove rise to immediate cause					
(a), stoting the underlying DUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINALDISEASE CONDITION GIV	EN IN PART 1(a) 15	P. WAS AUTOPSY PERFORMED?
FATHER STATES CHILD		QUENT EPI		RES	res NO 💢
≥ PRIMARY EX or CONTRIBUTING	E HOW INJURY OCCURRED. (E	nter noture of injury in Po	rt I or Part II of item 1B.)	AIELY	
I I LIKI		PLAYING TA		RIVER	
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fari	m. 20f. (City or town)	(County)	(State)
4:00 p. m. 8-24 1960 While		OMAC RIVE	SHEPHERD.		V.VA.
21. I certify that I took charge af the i		ve, held an Autop	sy , Inspection X,	Inquiry ,	ond find that
death resulted from: Natural causes	, Accident X, Suice	ide . Homicid	e . Undetermined o	ouse .	
	*/				
ACTUAL SIGNATURE	Cello/	M.D. CHIEF MEDICAL E	XAMINER []		DATE SIGNED
all	1	ASSISTANT MEDIC	CAL EXAMINER		
EXAMINER'S DR. E.W. D1	TTO, JR.	DEPUTY MEDICAL			960
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lows	or county)	(State)
Burial 8/27/60	Elmwood (demeterv	Shepherdst	OWD	n Vo
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATUR	E
Andrew K. Coffman Ha	gerstown Md.	DATEU	G 3 0 '60 Cin	hun S. Thank	

VS. A15ME(5) 5M 9/55

- University 61	SAO, AMARAS HE	ALL TO THE	INTERNOTATE OF	LITTAN	
	ATE OF DEATH		NCAL EXAMINER'S	EW 0324	
					02.02
	CONTRACTOR OF	CIEC VANCE			
				Lond Lond	
					Car.
11.1721.1			בות מיצור ווים		
			CALL CONTINUE NO.		
			TIME CEASING		
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(157)			4711		
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	and the state of	-374-5-0	n course o male (10)		
			. Land of the Call		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09627

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ould be	

TO HOSPICE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 heurs after death. Page 4 may be and by the haspital or attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the ottending physician and completely filled they the funeral director, page 3 shauld be detoched for use as the burial-transit permit. They phage remove carbon pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/S9

	CEKTIFICA	ALE OF DEATH		
1. PLACE OF DEATH O. COUNTY WAS HINE	TON MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	sed lived. If institution: Resident	ce befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest-town)		c. City OR fown (If outside corp	porote limits, write RURAL and g	UP. 752
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	es pital	Since near H	le RD3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	WINTFER	D BARNHART DEATH	H Aug.	Day Year 1960
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/17/1893	9. AGE (In yeors IF UNDER last birthdoy) (1) (2) yrs. Manths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	V. md. RR.	Williamspo	ut, Md 12. CITI	ZEN OF WHAT COUNTRY?
J. Clinton Bar	nhart	Catherine	Danner) 003
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(fes. no. or uphnown) (If yes, give wer or dates of service)	6. SOCIAL SECURITY NO. 17.	no. Florence	Barnhart_	Greencast
18. CAUSE OF DEATH [Enter only one couse per	line far (a), (b), and (c).			INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	tereseleratio	Cardiovascular Dise	2250	20 years
1100	LETUSCIETOTIC	Darutovascular Dise	2000	LO years
Tdd DUE TO				
Canditions, if any, which) (b)				
gave rise to immediate Cause (o), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS			SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Pulmonary Emphysema		ED. (Enter nature of injury in Part I or Pa	prt II of item 18 \	TO LO E
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in run 1 of re	on it di item 10.j	
Haur o. m. Whil		LACE OF INJURY (Hame, farm, 20f. (Ci actary, street, affice bldg., etc.)	ity or tawn) (C	Caunty) (Stote)
21. I certify that (I) (this haspital) atter	nded the deceased fram	9/1/39 12 ,.to.	8/6/60 19	, that (I) (we) last
saw the deceased alive an 8/6/60	19 and that	death accurred at 7:10 M, fran	n the causes and an the	date stated above.
22a. SIGNATURE				22b. DATE SIGNED
11 Mallen	al teller	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	8/8/60 SIGNED
22c. PHYSICIÁN'S		22d. ADDRESS		
William C. Brewer M D		359 East Balti	imore Greencas	stle, Pa.
230. BURIAL CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 234 LOC	ATION (City, town, ar caunty)	(State)
REMOVAL (Specify)	Maradon	in (0111)	Burlin (8)	D (36)
0,9100	DI POOLE	a com, Pi	CANADA OCI PERCISTRATION	CNETURE
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 25a. REC'D BY REGI		
I CAMMINIT	1 Della College	DATE ALLG 1	0 '60 (1-12-00	X Transa

Consider the Profit of the Policy Consider the Constant of the AVAILABLE TO THE COLOR OF THE MADE ON A PARTY. The House State of the Control of th HE LOOK THE THE WAR THE THE THE THE

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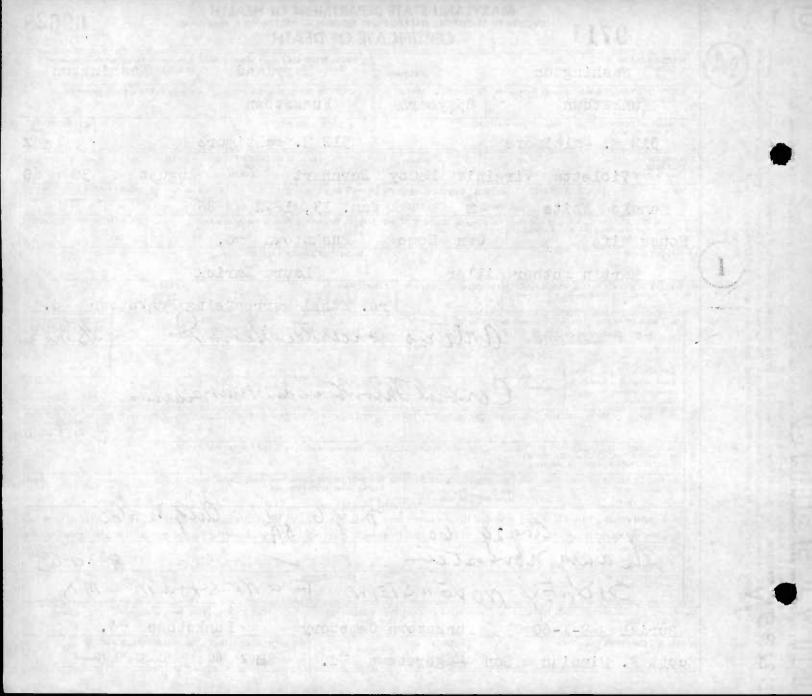
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09628

1. P	COUNTY Washington	MARYLAND	o. STATE Mary		Washington
ь	CITY OR TOWN (If auside carporate limits, write RURAL and aire occurst town)	c. LENGTH OF STAY IN 16	Funksto	iside corporate limits, write RU	JRAL and give nearest town)
d	. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	312 E. Baltimore		312 E. Ba	ltimore	ON A FARM? YES NO T
l D	AME OF ECEASED (ype or print) Violetta Virgi	Middle Inia McCoy	Barnhart	4. DATE Mont OF DEATH Augu	
S. SI		RIED NEVER MARRIED	B. DATE OF BIRTH	last birthday)	Months Days Hours Min.
10-	Female White WIDOW		Jan. 13, 187		12. CITIZEN OF WHAT COUNTRY?
	USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) [OUSE Wife	Own Home	Funkstown	60 -	12.CITIZEN OF WHAT COUNTRY?
_	ATHER'S NAME	01122	14. MOTHER'S MAIDEN NA		
	Martin Luther Mi	iller	Laura	Earick	
1S. \ (Yes,	NAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT s. Ethel War	renfeltz Fu	
-	In CAUCE OF DEATH (F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Mrs	s. Foller war	Lein eres La	INTERVAL BETWEEN
	1B. CAUSE OF DEATH [Enter only ane cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Meria -	relevation &	Very N.	ONSET AND DEATH
	DUE TO	O V V V		, , .	
	Conditions, if ony, which)				
	gave rise to immediate	71	, 1	11011	
	lying cause lost.	cribine our	orboris du	Trant peler	Des
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a. m. While of wor	Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
l h	21. I certify that (I) (this haspital) attend	ded the deceased fram.	may 6 196	O to august	1, 19 6 Ohat (1) (we) last
	saw the deceased alive an Civil 2	4 19 60 and that a	death occurred a SA	M, fram the causes and	d an the date stated above.
	22a. SIGNATURE drug nove	steen	ATTENDING MET	STAFF PHYS.	6-30-6 IGNED
	22-CPHYSICIAN'S NAME (TIPES) IDVEY A	OVENSTE	22d. ADDRESS	NKStow	my
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	and the same of th	23d. LOCATION (City, tawn, o	N
	Burial 9-1-60	Funkstown		Funkstow	
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D		STRAR'S SIGNATURE
S	ott F. Minnich & Son	n Hagerstow	n d. DATE	EP 2 '60 C	inthury S. Throws



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 302

09629

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived. If institution: Reside b. COUNTY	ence before admission)
Washington	MARYLAND	Maryland	Washingt	on
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF a	outside corporate limits, write RURAL and	
Hagerstown R#2	llYrs	Hagerstow	m	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Williamsport-Greencas	tle Pike	Williamspo	rt-Greencastle	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeor
(Type or print) JESSIE	IRENE	BELL	DEATH August	3 1960 19
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Manths	R 1 YEAR IF UNDER 24 HRS.
Female White WIDOW	ED DIVORCED	June 3 1880	80 yrs.	
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12.Cl	TIZEN OF WHAT COUNTRY?
77	wn Home	Steele C	Jounty Nebraska	USA
18. FATHER'S NAME		14. MOTHER'S MAIDEN		
Milo Fales		Hattie Yo	nikem	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	FORMANT	Address	WEST CONTRACTOR
(Yes, no, or unknown) (If yes, give war or dates of service)	None Mr	s. Hattie	Munson, Hagersto	own R#1 Ma
1B. CAUSE OF DEATH [Enter only one couse per lin				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Intestin	al Olist	muc tron	ONSET AND DEATH
5 DUE TO	2 - recurrence	100	Jacon .	1001
Conditions, if ony, which)	Paral.	TUO		1 hde
gove rise to immediate	1 aray	rue / rue		7 -0 -1
couse (o), stoting the under-	V V			
lying couse lost. (c)	COLUMN TO DEATH OUT	ALOT DELATED TO THE TERM	NAME OF TAKE CONTRIBUTION OF THE PARTY	ADT 1/-1 10 MAC AUTORCY
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOI RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
5 Fracture +	emur let	T, Semile	y, cirtemosclero	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in "	Pijirt'l or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY (Home, form		(Caunty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While p. m. 19 of wor	IAOI MUISE	ctory, street, office bldg., etc	:.)	
21. I certify that (I) (this haspital) attend	ded the deserved from	11/23 . 19	59 - 8/13/1010	that (I) (wa) last
1			M, from the causes and an II	, that (I) (we) last
saw the deceased alive an 22a. SIGNATURE	LL17_BL/, and that o	death accurred differ	-M., from the causes and an fi	22b. DATE
Robert Uh Cary	phell	M.D. ATTENDING M	ED. STAFF PHYS.	SIGNED
22c. PHYSICIAN'S NAME (Type)	1 11	22d. ADDRESS		
KODERI V.L	Lampbell	HA	GERSlown.	md 8/15/6
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or caunty	(State)
Burial 8/15/60	Rose Hill C	emeterv	Hagerstown Wash	Co Md
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGISTRAR'S	
Andrew K. Coffman	Hagerstown M	DATE	AUG 17'60 and	on S. Kraus
	THE PARTY OF THE P	A4		

the attending physician and campletely filled may the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the Stote Board of Health prior to burial, cremation, or removal, and in ony event, within 72 haurs after death. **OR ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 24 need by the haspital ar attending physician. VR A15 (4) 15M 9/59

TO HOSP!

urs ofter death. Page 4

图 是一些。130 0 就是他们的是这一点对自己的自己的。这一些是这个是是不是一个的。 Total and Australia and Austra THE CHART OF STATE all the great stopped a manuful state of the first And the translation of the same that MAN THE WATER STORY Constitute flower left, I will be true to see Heraldy and the colo States Il Complet In HAGER STAGE out Shaled by altered consequent type continue of the con Appropriate Manager and Manager and Manager

9655

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

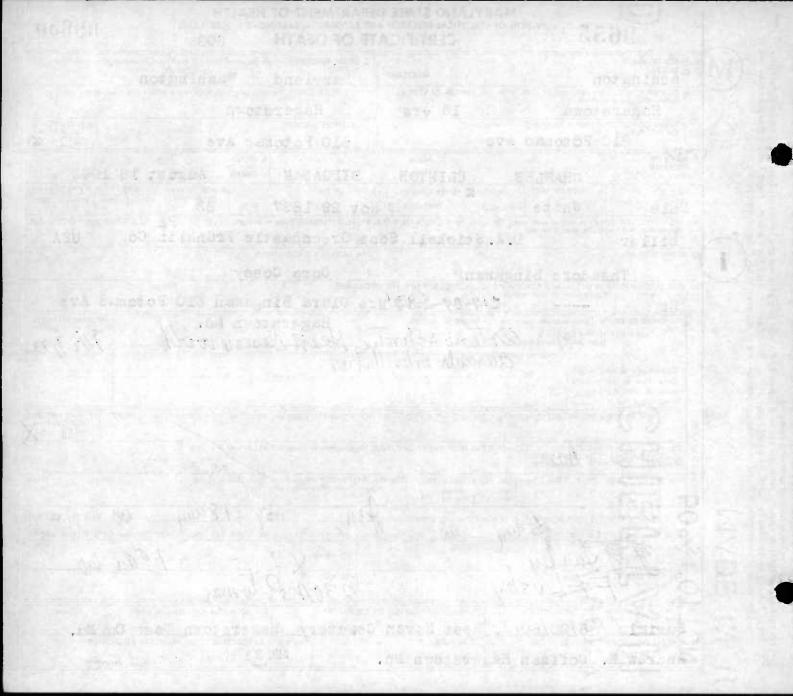
CERTIFICATE OF DEATH

302

09630

	., .,		CEKIII	CAIL	OI DEAIL		302		
PLACE OF DEATH					SUAL RESIDENCE (WI	here decea		an: Residence be	efare admissian)
Washing	ton		MARYI	LAND	Maryland		Washingt	on	
	I (If autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	CITY OR TOWN (IF	autside car	porate limits, write R	URAL and give	nearest tawn)
Hage	rstown		13 yrs		Hager	stow	m		
OR INSTITUTIO	PITAL (If not in hospitol, s				STREET ADDRESS				e. IS RESIDENCE ON A FARM?
8	10 Potomac	Ave			810 Poto	mac	Ave		YES NO
3. NAME OF DECEASED	Fir	rst	Middle		Last	4. DATI			Day Year
(Type ar print)	CHARLE	7 765	CLINTO		BINGAMAN	DEAT			L960 19
5. SEX	6. COLOR OR RACE	7. MARRI	ED INEVER MARRIE	D 8. DA	TE OF BIRTH		9. AGE (In years last birthday)	Manths Day	AR IF UNDER 24 HRS
Male	White	WIDOWE		- 210			62 yrs.		
10a. USUAL OCCUPA during mast af w	TION (Give kind of work orking life, even if retired)		-	-		-		OF WHAT COUNTRY?
Miller		D. A.	Stickell	Sons	Greencas		Franklin	1 Co	USA
13. FATHER'S NAME				14.	MOTHER'S MAIDEN I	NAME			
	headore B:				Cora C	osey			
15. WAS DECEASED E	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.	and the second			bbA		- A
No		2	14-09-637	4 Mrs	Clara bi	ngar	man 810 I	OTOME	CAVE
	DEATH [Enter anly and co	ouse per lin	e for (a), (b), and (c).	-	Hager	town	n Md.	/ "	NTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ur	leno Sch	notice	Heart	lises	40 Will		11/2 7/12
4070	DUE TO	au	sicula Fib	~1/14	in			135110	,,0,,0
Canditions, if			750004 1 (1)	1410	TUTY				
gave rise ta couse (a), statio									
lying cause lo	_ / (
PART II.	OTHER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERM	IINAL DISE	ASE CONDITION GIV	EN IN PART 1(a	PERFORMED?
S S S S S S S S S S S S S S S S S S S									YES NO
U (IF EITHER, NOTI	WAS UNDERVING THE CAUPE OF DEATH (FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED. (En	er noture at injury in	Port I ar I	Part II at item 18.)		
20c. TIME OF INJ			JURY OCCURRED		F INJURY (Home, farr street, affice bldg., etc		City ar tawn)	(Caun	ty) (Stote
Haur a. r	10	While of wark	Nat while of wark	Λ					
21. I certify t	hat (I) (this haspi <u>ta</u>	1) attend	ed the deceased	fram.	19	54 10	18aug	1960	that (I) (we) last
The second second	eased alive an 15	aun		. // .	accurred at		m the causes ar		ate stated above.
22a. SIGNATURE	DIT !							100	22b.DATE SIGNED
	1 Juspy	,		M.D.	PHYS.	RECTOR	STAFF PHYS.	9 au	61)
22c. PHYSICIAN NAME (Type	FFI	chy		No.	22d. ADDRESS	27			
	1 1 20.	304			XXVIII T	ow	mu		
23a. BURIAL, CREMA REMOVAL (Speci	ify)	OF /	23c. NAME OF CEME	ETERY OR CRE	MATORY	23d. LO	CATION (City, tawn,	ar caunty)	(Stote)
Burial	8/20/6	0	Rest Hav	en Ce				ash Co	Md.
24. FUNERAL DIRECTO			ADDRESS			D BY REG		STRAR'S SIGNA	TURE
Andrew	K. Coffma	n Has	gerstown	Md.	DATEAU	6 Z 3	60	Leur S. Hu	aus

VR A15 (4) 1SM 9/59



TO HOSP!

VS A15 (4) ISM 9/58

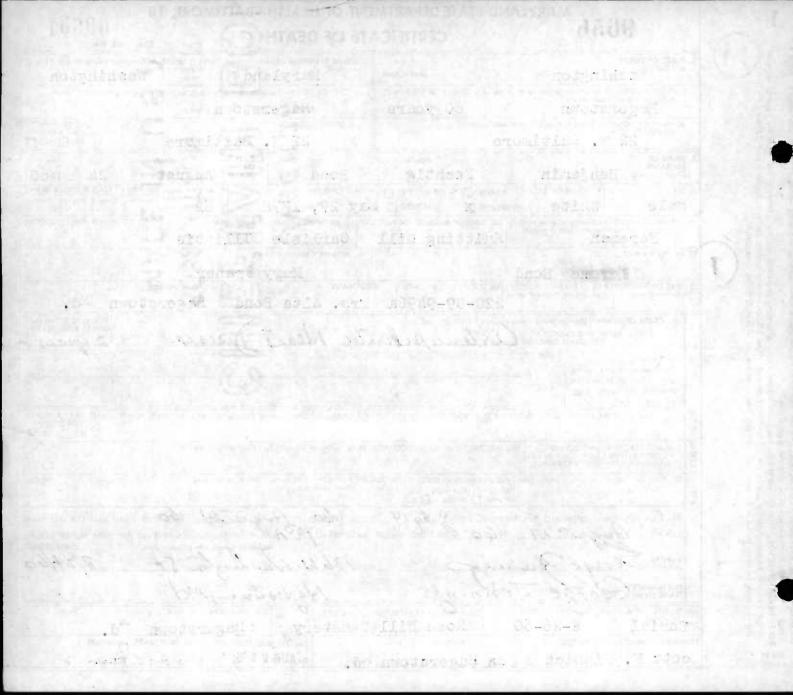
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9656

CERTIFICATE OF DEATH

09631

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTWashington MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown 60 years	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 22 W. Baltimore	d. STREET ADDRESS 22 W. Baltimore e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF First Middle DECEASED (Type or print) Benjamin Fechtig	Bond 4. DATE Month Day Year DEATH August 24 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	last Dirrinday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Toreman Knitting Mil. 3. FATHER'S NAME	
	Mary Franer
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) 220=09-9498a	Mrs. Alta Bond Hagerstown Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Charles Significant Conditions Contributions to Death B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ICATIC	PERFORMED? YES NO
	RRED. (Enter nature af injury in Port I or Port II af item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. 19 While Not while at wark at wark	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or tawn) (County) (State)
21. I certify that I attended the deceased from July 14- olive on Trucy 17, 1900 and that dec ACTUAL SIGNATURE RUGE TENNINGS. PHYSICIAN'S GOOGE TENNINGS.	ath occurred of SOA, M, from the couses and on the dote stated above ADDRESS (Street, city or town, state) M.D. 136 W. Washington St 8/24/60
220. BURIAL, CREMATION, 221 DATE THEREOF REMOVAL (Specify) 8-26-60 Rose Hil	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	n Md. DARUG 26'60 arthur S. Kines



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9657

09632

	LACE OF DEATH L. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON
ь	CLITY OR TOWN (If outside corporate limits, write RURA GOOD PROPERTY OF STAY IN 16 LIFE	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) A HAGERSTOWN
Î	NAME OF HOSPITAL (If not in hospitol, give street oddress) NASHINGTON COUNTY HOSPITAL	STREET ADDRESS ON A FARM?Y YES NO T
	NAME OF DECEASED Type or print) BABY GIRL Middle BRA	ADY Lost 4. DATE Month Day Yeor DEATH AUGUST 29 19 60
5. S	FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PROPERTY NEVER MARRIED NEVER MARRIED PROPERTY NEVER MARRIED PR	8. DATE OF BIRTH 8/28/60 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. M
100.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. 1	FOREST L. BRADY	14. MOTHER'S MAIDEN NAME RUTH D. ROBINSON HAGER TROUBLE
15. \(\(\frac{1}{2}\)	no, areunknown) (If yes, give war or dates of service)	MRS. ALICE ROBINSON MD.
ATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO N
Ü	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on \$\frac{129}{LO19}, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) SEARL HOUNG	deoth accurred at M, from the couses and on the date stoted above. M.D. ATTENDING MED. STAFF PHYS. SIGNED SIGNED STAFF
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 8/30/60 CEDAR LAN	WN MEM CTOS HAGERSTOWN MD.
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Corp. Acta Date SEP 1 '60 arthur 8. Kraus
	2081323XV/3	

e . The Alberta V. F. You are a statement of the Section 1988. CONTROL OF THE PARTY OF THE PAR MERITON OF THE PARTY SON HOST AND TOTAL SELECTION THE PROPERTY OF THE PROPERTY O

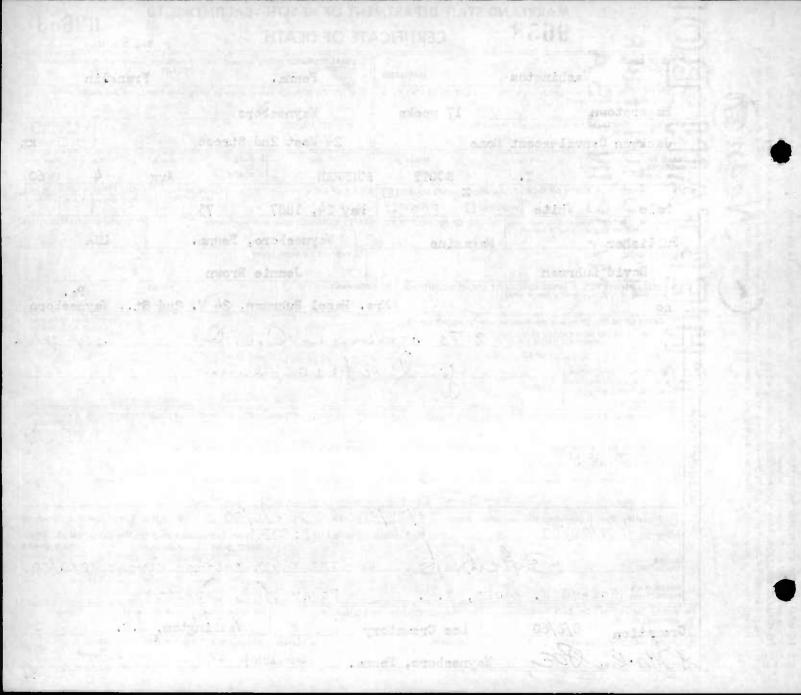
TO HOSPI

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
9658	CERTIFICATE	OF DEATH		n

09633

	300	()	CERTII	ICA	TE OF D	EATH			Reg. Di	st. No.	
PLACE OF DEATH a. COUNTY	Washingt	on	MARYL	AND	2. USUAL RESID o. STATE	ence (Whe	ere deceased	lived. If instituti b. COUNTY	-	nce before admi	ssion)
RURAL and give no Hagersto	wn		c. LENGTH OF STAY I		c. CITY OR TO			ite limits, write f	SURAL and	give nearest tov	vn)
OR INSTITUTION	Convalence:				d. STREET AC		nd Str	eet	A S	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fi T	•	Middle SCOTT		Lost BUHRMAN		4. DATE OF DEATH	Mor Az	ıg	Day 4	Year 19 60
5. SEX	White	WIDOWE	_		May 24,	1887	5.00	7. AGE (In years last birthday)	IF UNDER Months	Days Hours	7
10a. USUAL OCCUPATIOn during most of work Publisher	king life, even it retired)	KIND OF BUSINESS OF	NDUST		nesbo	-	ntry)	12. CIT	USA	COUNTRY?
13. FATHER'S NAME David	Buhrman				14. MOTHER'S	_	ame ie Bro	wn			
15. WAS DECEASEDEVE (Yes, no, or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO.		FORMANT Hazel	Buhm	nan, 2	4 W. 2nd		Pa.	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).]	00	N 2 2 -	. 0	-1/.	0.		INTERVAL E	D DEATH
Conditions, if a gave rise to it couse (a), stating lying cause last.	ny, which (but to mediate))	genil	. 0	entrei	o Se	Come				0
	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	1 TU8 HT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	PERF	AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	injury in P	art I ar Part I	II of item 18.)			
Y 20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Not while of work		CE OF INJURY (H ary, street, affice			or town)	(4	County)	(State)
21. I certify the alive an	at 1 attended the 7/29/60	decease , 19	ed fram. 4/]	death	accurred at_	3:30]	Afram the	he causes ar eet, city or town,	nd an the state)	e date state	ed abave.
PHYSICIAN'S	oward N.	Week	West D	N	и.в136_			tomac S Marvlar		t8/1	5/60_
220. 8URIAL, CREMATIO REMOVAL (Specify) Cremation	N, 22b. DATE THEREC		22c. NAME OF CEME		CREMATORY		22d. LOCATIO	ON (City, town, hington	or county)		ate)
23. FUNERAL DIRECTOR		2.1	ADDRESS			24g. REC'E	BY REGISTR	AR 24b. REG	ISTRAR'S SI		



FOR STATE HEALTH DEPT TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If it play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Americal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and wanter within 72 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) (1) (2) (3) MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1) (3) (3) (4)

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Washington MARYLAND	STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town)	VII
Hagerstown I hour	AHancock
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Washington County Hospital	Wabash St. YES NO Y
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) Danald Franklik	Burnett DEATH 8 21 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	April 10, 1927 (33 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Self Employed Resturant + liquor Sto	1 1 2
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles U Branch	1.11.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	
	irgaret Burnett Hancock, Md
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Dissecting Aneurysis	Of Aorta, Ruptured 3 Hours
461X DUE TO	
Conditions, if any, which (b) Hemopericardium	
geve rise to immediate cause	
(a), stelling the underlying	0. T-2
Turmonary congesting	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (III) 19. WAS AUTOPSY
PART III OTTAK SIGNIFICATION STATES TO STATES	PERFORMED?
UCA I	YES K NO
PRIMARY Or CONTRIBUTING	inter neture of Injury In Pert t or Pert II of item 1B.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour a.m. While Not While st work at work	ory, sneet, onice brugs, etc./
21. I certify that I took charge of the remains described above, he	ld en Autopsy x, Inspection , Inquiry , and in my opinion
death resulted from: Natural ceuses , Accident , Suici	
A COUNT TO SUIT OF SUI	CHIEF MEDICAL EXAMINER
ACTUAL A SUI DITTO	
SIGNATURE / LUNG	M.D. ASSISTANT MEDICAL EXAMINERDATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 8-23-60
NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county)
EXAMINER'S NAME (Type) Dr. E. W. Ditto Jr. 22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial 18-25-60 Alpine E.U.	3. Cemetery Hancock Cost Virginia
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
House of Sterne House	2 mal DATE AUG 29'60 arthur S. Kraus
The state of the s	

HYARO TO BLADISTERS EMPRESAND TASIONE CORE Ber Center, Minch 10 Hawtoon A Tribbona M. In the AND LAND - WERSHIELD WITH THE STATE OF THE

Dui

rs after death. Poge 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPI

VR A15 (4) 1SM 9/59

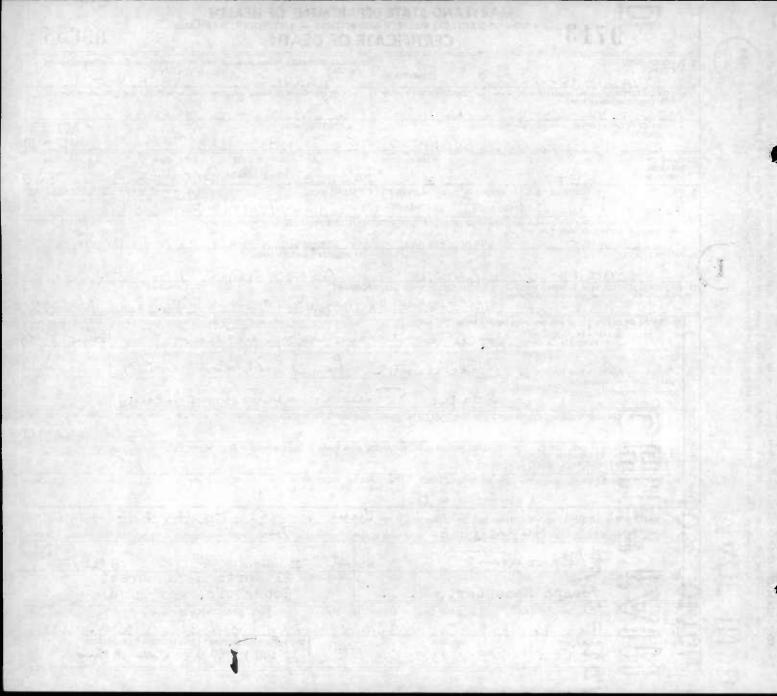
9713

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09635

0

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	an: Residence before admission)
WASHINGTON	MAKTLAND	MARYLI	AND WA	SHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If or	stside corporate limits, write R	URAL and give nearest town)
BENEVOLA - RURAL 11	VEARS	X BENIEVA	CA - 120	RAL
d. NAME OF HOSPITAL (If nat in haspital, give street oddre OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
BOONSBORD MP.	R.1.	DOONSIBO	RO MD. K	YES NO NO
3. NAME OF First	Middle	Lost	4. DATE Mon	th Day Year
(Type or print) BETTY L	EE (ASTLE	OF DEATH AUGUS	T-13- 1960
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED	DIVORCED [MANI 2-19:	24 3 (a yrs.	Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired)		0		
13. FATHER'S NAME	N HOME	14. MOTHER'S MAIDEN N		Id. 4.S.A.
13. PAINEKS NAME		14. MOTHER 5 MAIDEN IN	AME	
HOWARD DILIC	HTER	ANNIE	KI SPRIM	VCIER
15. WAS DECE'ASED EVER IN U. S. ARMED FORCES? 16. SOCI. (Yes. no, or unknown) (If yes. give war or dates of service)	AL SECURITY NO. 17. IN	IFORMANT	Addr	ess
NO 216-	22-7884 AI	PLINGTON 12. C	ASTLE BOOM	CSBORD MD.R.J.
18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), ond (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ute tul	enouary	eleur	June 7 196
HIIV DUE TO OR	0	D	1	
Conditions, if ony, which) (b) Rt	eursti'c	hear	Moene w	574
gave rise to immediate				
couse (o), stoting the <u>under-</u>	1: 2Vi	works du	5 insuffly	
(c)	DIDUTING TO DEATH BUT	NOT BELATED TO THE TERM	IN DISPASE CONDITION CIV	EN IN BERT 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT	NOT KELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PERFORMED?
O DESCRIPTION OF THE PERSONS	HOW INDIVIDUO COMPRE	D (5		YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter nature of injury in P	arr I or Port II or Item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	Y OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Haur o. m. While	1401 MILISE	ctory, street, office bldg., etc.)		
	ot work			
21. I certify that (1) (this haspital) attended t	he deceased from	Julie / 191	60, to Hyrland	13, 1950, that (1) (we) last
			M, fram the causes an	d an the date stated above.
22a. SIGNATURE	-			22b. DATE
Herrion		M.D. ATTENDING ME	D. STAFF ECTOR PHYS.	8/15/60 SIGNED
22c. PHYSICIAN'S		22d. ADDRESS 21	North Main	Street
NAME (Type) Joseph Seconda	ri. M. D.	Вос	nsboro, Mar	yland
				*
REMOVAL (Specify)	. NAME OF CEMETERY O	K CREMATORY	23d LOCATION (City, tawn, o	ar county) (State)
DURIAL HUG. 16.1960	1000NS1301	ROLEMETERY	DOGNSBORD	MASHICOND.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	17/1 25a. REC'D		STRAR'S SIGNATURE
Jahn 41 Mits. Bo	6115BORO	DATE AL	IG 18'60 a	ribur S. Trans



9660 CENTER OF HEALTH—BALTIMORE, 18

09636

CERTIFICATE OF DEATH

									Kag. Dis	11, 140,	
1. PLACE OF DEATH o. COUNTY Washingt	on		MARYL		o. STATE Maryl	and	ere deceased	lived. If institution b. COUNTY			admission)
b. CITY OR TOWN (II RUBAL ond give no Hagersto	autside carporote limi arest fawn) WN	ls, write	c. LENGTH OF STAY II	N 1b	V		utside corpor	ate limits, write F	URAL and g	give neare	st town)
OR INSTITUTION	on County				d. STREET A					- 2	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Baby Bo		Middle nurchey		Los		4. DATE OF DEATH	Aug		Day 8	Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED	_	DATE OF BIRTH			9. AGE (In years last birthday) yrs.	-		UNDER 24 HRS.
10o. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	ar foreign ca	iuntry)	12. CIT	IZEN OF	WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			-	
Arthur Mc	Kinley Chu	rchey	7		Mild	red I	rene I	Lushbaugl	n		
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	17. INF	ORMANT			Add	ress		
Conditions, if or gave rise to in cause (a), stating I lying couse lost. Part II. OTH	he <u>under-</u> DUE TO))	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART		
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature al	f injury in f	Part I or Part	II of item 18.)	40		PERFORMED?
	Month, Day, Ye	ar 20d. II While at wor	Nat while	20e. PLAC facto	E OF INJURY (I	lame, form bldg., etc.	, 20f. (City	or tawn)	(C	Caunty)	(Slate)
alive on Aug ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E	cluul dward W. D	, 12_ 		8, 1 death o	occurred at	10:0	OM, PM ADDRESS (SI	3, 1%0 the causes of reet, city or town,	and on th	ne date	DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) Cremation	8/12/6		Wash. Co.					ion (City, town, erstown,			(State)
23. FUNERAL DIRECTOR	11 -11	,	ADDRESS				D BY REGISTI		STRAR'S SIG		
delward	W W///3	9 111	MI			DATE ALL	G 16 '6	0 an	thun S.	Thous	

TO FUNER DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. The registrar prior to burial, crematian, ar remaval, and in any

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

has been signed by the attending physician and campletely filled virial-transit permit. Then please remave carbon papers. Pages 1 maval, and in any event, within 72 hours after death.

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CEDTIEIC ATE OF DEATH

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	PLACE OF DEATH	Washington	n	MARY	LAND	2. USUAL RESIDENCE o. STATE Pen	E (Where decease	L COUNTY	rani Residence	before admi	ssian)
t	RURAL and give n Hagerst		s, write	c. LENGTH OF STAY 5 month			N (If outside carps hambersb	orate limits, write R	URAL and giv	re nearest taw	vn)
	OR INSTITUTION	TAL (If not in haspital, garsing Home	ive street	address)		. d. STREET ADDRE	SS	7:	5 X-	NO	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	MINN IE	st	Middle KATE		COBLE	4. DATE OF DEATH	August	th	13	Year 19 60
s. s	Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRI		October 4,	1881	9. AGE (In years last birthday) 7879 yrs.		YEAR IF UND	T
10a		ON (Give kind af wark o king life, even if retired)		KIND OF BUSINESS C	R INDUS		State or foreign of			NOF WHAT	COUNTRY
13.	FATHER'S NAME	acob Coble				14. MOTHER'S MAID	DEN NAME lizabeth	Zarger			
	WAS DECEASED EV s, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of se		social security NO		formant llers Fune	ral Home	Chamber		Pa.	
	93)	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		Cerello	IL.	lanon	buye			INTERVAL E	
	Canditians, if a gave rise to cause (a), stating lying cause last.	mmediate DUE TO			0	cen-				9	
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	se condition giv	EN IN PART	PERF	ORMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED). (Enter nature of inju	ry in Part I ar Pa	rt II af item 18.)			
MEDICAL	20c. TIME OF INJU Haur o. m. p. m.	RY Manth, Day, Yea	While			CE OF INJURY (Hame tary, street, affice bldg		y ar tawn)	(Co	unty)	(State
		ot (I) (this hospital) atten			eoth occurred of	A.				
	22a. SIGNATURE	H	11	Balle		A.D. PHYS.	MED. DIRECTOR	STAFF	id on the		2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Howard N.	We	eks,/M.D.		22d. ADDRESS 136 N.	Potoma	c St.,H	agers	town,	Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, cremotian, or remayal, and in any event, within 72 hours after death. TO HOSP VR A15 (4) 1SM 9/59

ned by the hospital or ottending physician.

after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

in by the funeral director, and 2 should be filed with

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Sellers Funeral Home Chambersburg, Pa.

REMOVAL (Specify)
Burial

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Coble's Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Franklin Co., Pa. 25a. REC'D BY REGISTRAR

23d. LOCATION (City, tawn, ar caunty)

25b. REGISTRAR'S SIGNATURE

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il director, filed with after deoth. Page PLACE OF DEATH o. COUNTY Washington funeral pe ploods OR INSTITUTION NAME OF fille (Type or print) 5. SEX Female White Housewife 13. FATHER'S NAME John Dean requires that the death certificate No 1 Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. b 20c. TIME OF INJURY Month. Day. 0. m 21. I certify that alive on DIRECT ACTUAL pluods PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION REMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town)
Rural Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Gateway Home Hagerstown YES NO DE First Middle 4. DATE Lost Month Year Day OF DEATH MALINDA ELLA COFFMAN August 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days May 30,1870 Hours WIDOWED DIVORCED | 90 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Elkton, Virginia USA 14. MOTHER'S MAIDEN NAME Sarah Coleman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hagerstown . Md . Mrs. Nora L. Gochenour 224 Norway Ave. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] OHSET AND DEATH VAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO DUE TO PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while at work of work the deceased from 19____,that I last saw the deceased M. from the causes and anothe date stated above. and that death occurred at. DDRESS (Street, city or town, state) DATE SIGNED Ralph F. Williamsport. Md oung M.D E. Potomac 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 8/12/60 Rose Hill Cemetery Hagerstown Md. ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE AUG 1 5 '60 Chilling S. France Rest Haven Funeral Chapel Hagerstown, Md.

AM AND SAT	TE OF DEATH	CERTIFICA	8170	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

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requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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3111	CERTI	TOATE OF E	EAIII	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYL	AND O. STATE	Maryland		hington
b. CITY OR TOWN (If autside carparate lim	its, write c. LENGTH OF STAY I WMN 3 Weeks	TT	OWN (If autside carporate li	imits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital,	Rt. 3	d. STREET A	Virginia "v	е.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Thomas	Robert	Conner	4. DATE OF DEATH	August	Day Year 13 19 6
5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED NIVORCED	□ Jan. 4,	1898 6	2 yrs. Months	R 1 YEAR IF UNDER 24 HR Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark during mast af warking life, even if retired Owner	dane 10b. KIND OF BUSINESS OR (1) Garage	Chic	ago Ill.	12. Ci	TIZEN OF WHAT COUNTR
13. FATHER'S NAME	M. Common	14. MOTHER'S	MAIDEN NAME	77 - 4 - 4	
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no, or unknown) (If yes, give wor or dates of		INFORMANT Mr. Irvin	Mary Ann T. Miller	Heist Address Rt. 3	
gave rise to immediate cause (a), stating the under-	Arteriosclero				6 wks.
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IDITIONS <u>CONTRIBUTING</u> TO DEA	TH BUT NOT RELATED TO	THETERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Part I ar Part II af	item 18.)	
20c. TIME OF INJURY Manth, Day, Ye Haur a. m. p. m. 19	20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (I factory, street, affice	Hame, farm, 20f. (City ar to	ıwn)	(Caunty) (Stat
21. I certify that I attended the alive an 8.13.60 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. Earl Your	young M	death accurred at	0.10AM, fram the	causes and an th	ne date stated abov DATE SIGN
22a. BURIAL, CREMATION, 22b. DATE THERE	OF 22c. NAME OF CEME	TERY OR CREMATORY		(City, tawn, ar caunty)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S S	
Scott F. Minnich	& Son Hagers	town Md.	DATEAUG 1 6 '60	arthur S.	Krous

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9718	CERTIFICA	TE OF DEATH	302	09640
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whose STATE Maryland	ere deceased lived. If institution: Resi b. COUNTY Washington	idence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown R # 6	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Middleburg Pike	oddress)	d. STREET ADDRESS	burg Pike	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) MAUDE	Middle NORVY	COOK	4. DATE Month OF DEATH August	Day Yeor 25 1960 19
	RIED X NEVER MARRIED	B. DATE OF BIRTH March b 12		DER 1 YEAR IF UNDER 24 HRS.
Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 3. FATHER'S NAME			or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Harvey Martin		Katherin	ne Smith	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT	k Hagerstown M	d. R # 6
Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause last. DUE TO (b) Car (c)	cinoma of th	e colon		l yr.
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITY CONTRIBUTING OR CONTRIBUTING CITY MEDICAL EXAMINER OR CONTRIBUTING CITY MEDICAL EXAMINER				PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in f	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. Hour o. m. While at wa	Not while fo	LACE OF INJURY (Home, form octary, street, office bldg., etc.	20f. (City ar tawn)	(County) (State)
21. I certify that (I) (this haspital) attended as we the deceased alive an August				
22a. SIGNATURE Solueis		001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/26/60 22b. DATE SIGNED
NAME (Type) B. B. Kneis:	ley, M.D.	1.4	Hagerstown, Mai	
36. BURIAL, CREMATION, REMOVAL (Specify) 8/28/60	Rose Hill	gemetery	23d. LOCATION (City, town, or coun Hagerstown W	ash Co Md
Andrew K. Coffman Ha		250. REC'I	UG 3 0 '60 25b, REGISTRAR'S	S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY WE	shington		MARYL		STATE Mary	where deceased rland	l lived. If instituti b. COUNTY		nce befor		ian)
b. CITY OR TOWN RURAL and give	(If autside carporate lim neorest town) agerstown	its, write	10 yrs.	10	CITY OR TOWN (IF		rate limits, write R ithsburg	URAL and	give near	rest fown	1)
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospitol, g	ive street ing H	address) OME		Box 151	R#2					FARM?
3. NAME OF DECEASED (Type or print)	Fi		Middle BUTTERF	IELD	Lost COWAN	4. DATE OF DEATH	Mar Aug		Day 1		Yeor 19 60
s. sex Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED		TE OF BIRTH	12	9. AGE (In years lost birthdoy) 59 yrs.		Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPAT during most of wa Housev 13. FATHER'S NAME	rking life, even if retired	dane 10b.	Own Home		11. BIRTHPLACE (Stote Minneapo) MOTHER'S MAIDEN	Lis, Min		12.CI	US		OUNTRY?
	ward A.Butt	erfi.	b[e	14.		ide Bla	ko				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. INFORA		me Dra	Add	ress		-	
(Yes, no, or unknown)	(If yes, give wor or dates of	o O	78-10-8712	Mr.Ch	arles R.Co	wan Bo	x 151 R#	2 Smi	thsb	urg,	Md.
Canditians, if gave rise to cause (o), stoting lying couse lost	immediate g the <u>under-</u> 	<u>e</u>	ercino	12 3	g b	-285	ts.		3	# AND	
Det Det	it. Mal	- 2	CRIBE HOW INJURY OF	-,				/EN IN PA	RT 1(o) 15	PERFO YES	RMED?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUINATION OF THE PROPERTY OF	10	While		20e. PLACE C foctory,	DF INJURY (Hame, far street, affice bldg., e	rm, 20f. (City	ar town)		(Caunty)		(Stote)
saw the dece	at (I) (this haspita	1 -	ded the deceased f			9.7. , .ta _/ A.M., fram				stated	we) last labave.
22c. PHYSICIAN'S	Lloyd	Hof	fron W.D.	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	IIo me	45/	15/	SIGNED
NAME (Type)	Lloyd.	K-/	to FF m	nan	214 M. P.	ot-it	Hager	uto	Nhj	1))	2.
23a. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE THEREO		23c. NAME OF CEME Rest Have				gerstown	or county)		(Stat	
24. FUNERAL DIRECTO			ADDRESS		250 PE	C'D BY PEGIST	PAP 25h REG	STRAR'S S		RE	
Rest Her	on Fineral	Chan	el Hager	st.own	Md DATE	AUG 17	60	wither.	S. Tha	MA	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	CERTIFICATE OF DEATH
)[p. PLACE OF DEATH a. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ond give nearest town) Agerstown C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital d. STREET ADDRESS ON A FARM? YES \(\sum NO \(\sum \) YES \(\sum NO \(\sum \)
3	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HARRY LEE DAY DEATH August 24 19 60
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Nay 18, 1894 9. AGE (In yeors lost by thday) 66 yrs. Months Doys Hours Min.
П.	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sand blasting & Frederick Co., Maryland 12. CITIZEN OF WHAT COUNTRY Trederick Co., Maryland U.S.A.
VI	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	James D. Day Laura V. Spaulding
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) 214-09-9864 Mrs. Mabel V. Day Hagerstown, Md.
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. (b) blooder with will will spread 4-6 Mo (c) wetastass (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 400 6
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of work of work 19 to work 1
	21. I certify that (I) (this haspital) attended the deceased from April 13., 1960, to Aug 24., 1960, that (I) (we) last saw the deceased alive an Aug 24., and that death occurred at 14.00, from the causes and an the date stated above
	220. SGNATURE 220. SGNATURE ATTENDING MED. PHYS. STAFF SIGNE
	22c. PHYSICIAN'S PENE (Type) Low Diff III, No 217 W. Washington H. Hagerstown Lower
3	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town, or county) (Stote) REMOVAL (Specify) 8/27/1960 Union Cemetery Burkittsville Maryland
1	Suter Rouzer Fineral Home Address Hagerstown, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE C. Iling I. Known

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 and by the hospitol or attending physician. TO HOSPI VR A15

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09643

)	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 12 8 1/2 4 1 5 A 1/1/5 YES NO P
	3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR (IF UNDER 24 HRS. lost birthday) Months Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. AIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	V3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, of. of unknown) (If yes, give war or dates of service)	INFORMANT Address Fred, Md,
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	AMPS It Edwards - 108 4 Ce ST. INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART I. DEATH WAS CAUSED BY: DUE TO	a of gall bladder unknows
2	3 metastitic car comomo of la	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? VER GENERALIZED ATTENDED: YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter no lure of injury in Port or Port of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Aug 29 19 60 and that	death occurred at A.M. from the cooles and an the date stated above.
	Houng En Chem	M.D. ATTENDING MED. STAFF Aug 3/ 1960 MED. PHYS. DIRECTOR PHYS. 12 Aug 3/ 1960
	22c. PHYSICIAN'S YOUNE E, Chulu	1500 Pennia Ave Hagerstonn, Me
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PROVIDED TO PEND TO PE	OR CREMATORY 23d. LOCATION (City, town, or couply) (Stole)
	24. FUNERAL DIRECTOR'S SIGNATURE THE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 2 '60 Orthog & thouse

by the funeral director, is after death. Page 4

Then please remave carban papers. Pages 1 and

TO HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from by be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH 9664 CERTIFICATE OF DEATH

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b	CITY OR TOWN (III RURAL ond give ne Hagerst		its, write	65 years	V 16	24	own (If o		te limits, write R	URAL ond gi	ve nearest t	own)
d	NAME OF HOSPIT OR INSTITUTION Washing	At (If not in haspital, of ton County	Hosp	address)		d. STREET A		th Str	eet		e. IS OI YES	RESIDENCE N A FARM?
3. N	IAME OF DECEASED Type or print)	MAUDE	rst	Middle OLIVIA		EICHELB		4. DATE OF DEATH	August		25°	year 60
s. si	emale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		une 15,			. AGE (In years lost birthdoy) 80 yrs.		YEAR IF U	NDER 24 HRS
10a.	USUAL OCCUPATION during most of work Housewif	DN (Give kind of work ing life, even if retired C	done 10b.	KIND OF BUSINESS OR	INDUSTR	Rohr		or foreign cou	aryland		EN OF WHA	AT COUNTRY
13. F	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Tho	mas Poffen	berge	r		Mil	dred	Gaut				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT		10/2/11/2	Add	ress		
	no	in yes, give war ar acres or		none	Mrs	. Ruth	Nokes	Hag	erstown,	, Mary]	land	
	Conditions, if or gove rise to it cause (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under- (c)	o)	ne for (o), (b), ond (c).] Acute Cord	Lero	tic He	art	Disea			ONSET A	DETWEEN ND DEATH
CERTIFICATION	Ar	terioscl	eros	1s, cerebi	ral	and ge	enera	lized		VEN IN PART	PE	REORMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of wor	_ Not while_		E OF INJURY (ry, street, office			or town)	(Co	iunty)	(Stote
		t (I) (this hospitaled glige on AU	/_1	ded the deceased f 5 19 60, and the man, M.D.	ram A	ATTENDING	9:3 x Mi	Prof	ession	al Ar	8-2'	ted above 22b. DATE SIGNEI 7-60
23a.	BURIAL, CREMATIO	N, 23b. DATE THEREC	OF	23c. NAME OF CEMET					ON (City, town,	or county)		(Stote)
Bu	ırial	8/28/19	60	Rest Have	n Ce	metery		0	rstown	7.11		yland
251	Tuneral director.	zer Finera	1 Hor	me Hagerstow	m, M	d.		3 0 '60	AR 25b. REG	STRAR'S SIGI	NATURE	

TO HOSP VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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VR A15 (4)

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND Waskington Marvland Washington b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL_and give nearest tawn) Yrs Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1220 Ravenwood Hgts 1220 Ravenwood Hgts YES NOTE N NAME OF First Middle DATE Manth Yeor DECEASED DEATH (Type or print) HANNAH NMN EISHER August 30 1960 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH last birthday) Months WIDOWED T DIVORCED | Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Housewife Own Home Latvia 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses Brenner (unable to locate) Deborah IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No Fleisher 1220 n Ravenwood Hgts None Hagerstown 18. CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 171 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Haur o. m. While Not while at wark ot wark p. m. 21. I certify that (I) (this haspital) attended the deceased framula saw the deceased alive and (a) and that death occurred at M, fram the causes and an the date stated above. 22a, SIGNATUI SIGNED ATTENDING PHYS. DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME Type 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar caunty) (Stote) REMOVAL (Specify) Abraham Cemetery Hagerstown Wash 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE Andrew K. Coffman Hagerstown Md. DATE SEP 2 Cirthur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09646

Reg. Dist. No.

1. PLACE OF DEATH			ere deceased lived. If institution: Reside	ence before admission)
COUNTY WASHINGTON	MARYLAND	o. STMARYLANI	D. COUNTY WA	SHINGTON
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give people) town!	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and	d give nearest town)
HAGERSTOWN	2 DAYS	CLEAR SPE	RING, MD. ROUTE	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
WASHINGTON COUNTY HOSE	PITAL	NONE		YES NO
3. NAME OF First DECEASED	Middle	Lost 4.	DATE Month	Doy Yeor
(Type or print) ROBERT	LEE	FRALEY	DEATH AUGUST	25 19 60
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
MALE WHITE WIDOWER	DIVORCED	THE 85 Y.THE.	Nonths yes.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	fareign country) 12. CIT	IZEN OF WHAT COUNTRY
during most of working life, even if retired) TRUCK DRIVER MAF	RRIETTA TRUCK	KING WAYNE	ESBORO, PA. U	.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
JOHN ROBERT FRALEY		KATHRYN	N POPER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, er unknown) If yes, give wor or dates of service) 2]	17-30-6258 1	WRS BETTY JU	JNE FRALEY CLE	AR SPRING.
18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	O.C. C1- 77	T 01 77 0	Danas	ONSET AND DEATH
	tures Of Skull	, Left Femur	relvis	34 hours
Canditions, if any, which) the Tream	n. d.i. Dil			
gave rise to immediate cause	matic Diaphrag	matic mernia		
(a), stating the underlying DUE TO	ration Of Splee			
101-100-			L DISEASE CONDITION GIVEN IN PAR	T MAN 19 WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CO		Ale of Mark		PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (Er	nter nature of injury in Part L	or Port II of item 18.)	LIEST NOT
200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE				
	NJURY OCCURRED 20e. PLAC	other car goin	ng in opposite dire	ection (State)
Ö Hour While	Not while facto	ry, street, office bldg., etc.)		
21. I certify that I took charge of the r	rk of work State	Line Rd. Pen	ma Greencastle, Fr	anklin, Pa.
				* Beyond
opinion deoth resulted from: Natural o	ouses , Accident	d, Suicide , Ho	micide . Undetermined	monner
ACTUAL C'OHA		CHIEF HERICAL EVA.		DATE SIGNED
SIGNATURE CON CONTRACTOR	, els	M.D. CHIEF MEDICAL EXAM		
EXAMINER'S		ASSISTANT MEDICAL I		
NAME (Type) Dr. E. W. Ditto,	Jr.	DEPUTY MEDICAL EXA	0 20-00	
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OR	LREMATORY 22	2d. LOCATION (City, tawn, or county)	(Stote)
BURIAL LAUG, 27, 190	O ROSE HILL	CEMETERY	CLEAR SPRING,	MD.
23. FUNERAL DIRECTOR'S SIGNATURE	VDDKE22		24b. REGISTRAR'S SC	
Internal 1. 11 ach,	CLEAR SPRING	MD DATE		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is executed certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the feat should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be refused to FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

ON THE SECOND COUNTY OF THE PROPERTY OF THE RESERVE The state of the s [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] [2015] es una gifexa de la consenio es consenio es esta la consenio es esta la consenio es esta la consenio es esta l

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VS A15 (4) 15M 9/SS

9667 CERTIFICATE OF DEATH—BALTIMORE, 18

CERTIFICATE OF DEATH

A								Reg. Dist.	No.	
PLACE OF DEATH o. COUNTY Washing	ton		MARYLAND	2. USUAL RESI	DENCE (Wh	ere deceased liv	ed. If institutio b. COUNTY Frank	n: Residence	before admission	on)
b. CITY OR TOWN (RURAL ond give no Hagerst		ts, write	c. LENGTH OF STAY IN 16	11	own (If o	utside carporote	limits, write RL	RAL and give	e nearest lawn)	
OR INSTITUTION	AL (If not in haspital, g			d. STREET A		E-Service.			e. IS RESID	FARM?
Washing	ton County	Hosp	ital	145	Ridge	Ave.			YES 🗌	NO 🔀
3. NAME OF DECEASED (Type or print)	George		fford Rreshma	n las		4. DATE OF DEATH	Augus			ear 9 60
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTI	1	9. /		IF UNDER 1 Y	EAR IF UNDER	24 HRS.
Male	White	WIDOW	ED DIVORCED	Oct. 22	, 1894		65 yrs.	Months Do	ays Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	ar foreign count	7)	12. CITIZE	N OF WHAT	COUNTRY
Machinis		L	andis Machine			o., Md.		U	.S.A	
13. FATHER'S NAME				14. MOTHER'S						
CHARLES	H. FRESHI	MAN		10/	A MAR	TIN				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT			Addre	ms .		
NO NO	(If yes, give war or dates of s	Brvice)	173 03 09/3	MRS. (GEORG	E FRES	HMAN -	SAME	ADDR	ESS
			ne for (o), (b), and (c).] nchogenic card	nome of	ni cht	lung	with		INTERVAL BETTONSET AND CONSET AND CONSET	WEEN
110	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		nenogenie card	Homa of	LTRUP	Tung	MTOII		O mon	CHS
100	DUE TO		amaira tuman m							
Canditians, if o		ext	ensive tumor m	etastasi	5•					
catse (o), stating								13.00		
lying cause lost.) (c									
PART II. OTI	TER SIGNIFICANT CON	DILIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(PERFOR	MED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature o	f injury in P	ort I ar Port II o	of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yeo	While	NJURY OCCURRED 20e. PL Not while fa	ACE OF INJURY (I ctary, street, office	Home, farm, bldg., etc.	20f. (City or	lown)	(Cou	inty)	(State)
21. I certify th	at I attended the	deceas	ed from March 22	19.60	, to Au	gust 7	1960	that I las	t saw the d	lecease
alive an			20, and that death							
	11.11 7	/	110 11.1			DDRESS (Street,				TE SIGNE
ACTUAL	There of	. 0	Jehne M.C	*				Δ	ugust7.	1960
1			The latest the man	m.v					agas or .	11299
PHYSICIAN'S NAME (Type)	John H. K	ehne	, M.D. 131 J	W. WAshin	zton	St. Ha	gerstow	mMd		
22a. BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETERY O			22d. LOCATION			(State)	
Burial	8/10/60)	Green Hill			Wayı	nesboro	Penn	3.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'D	8Y REGISTRAR	24b. REGIST	TRAR'S SIGNA	ATURE	
Naller	9 9184	2	Waynesboro, Pe	nna.	DATE SU	G 11 '60	C.	1-7 8 7	and .	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09648

OCCO

Andrew K. Coffman

3005	CERTIFICA	IE OF DEATH			
1. PLACE OF DEATH		2. USUAL RESIDENCE (W			before admission)
Washington	MARYLAND	West Virg		Hamosh	1
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits,		
RURAL and give nearest town)	41			20	2 - 3
d. NAME OF HOSPITAL (If not in haspital, give street	45 years	d. STREET ADDRESS		V = /	e. IS RESIDENCE
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	Uama		A		ON A FARM?
Garlock Convalescent		MoCoole	T		
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) MARY	ELIZABE			ugust	13 19 60
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birt	years IF UNDER 1 hdoy) Manths D	YEAR IF UNDER 24 HRS
Female White WIDOW	DIVORCED	Feby. 4. 1	879 81	yrs.	Oys Hoors Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS		ar foreign cauntry)	Md. 12.CITIZE	EN OF WHAT COUNTRY
Housewife	Own Home	Keifer A	llegany C	U. U	SA
13. FATHER'S NAME	V 1177 3101310	14. MOTHER'S MAIDEN			
David Keifer		Amamada A	ablastil s		
2011	SOCIAL SECURITY NO. 17. IN	Amaneda A	sukettle	_Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	Warra M.	ton Totalo W	4	3 E. Wa	sh. St
		iss Lydia F	unk "	agerato	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per li					ONSET AND DEATH
IMMEDIATE CAUSE (o) Ce	rebral apoplexy	у			15-30 min
DUE TO	tamicaalomotic	dianaa nan	ohnol		Indefinit e
(b)	teriosclerotic	ilsease, cer	enrai		maemme
gave rise to immediate couse (a), stoting the under-					
lying couse lost. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART	1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS Ateriosclerotic hea	rt disease; obe	sity.			YES NO
# 20g. ACCIDENT WAS LINDERLYING T 206. DES	SCRIBE HOW INJURY OCCURRED		Port 1 or Part 11 of item	1B.)	
WAS UNDERLITING 200. DES					
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f (City or town)	ICe	ounty) (State
Hour To. m. While	Nat while fac	tory, street, office bidg., Teld			<u>o</u> ,
p. m.	rk ot work		50 1 1		
21. I certify that (I) (this haspital) atten-	ded the deceased fram	19	50 _{to} death	, 19	_, that (I) (we) las
saw the deceased alive an Januar	y_11960, and that d	eath accurred at 2:4	A Rollin the caus	es and an the	date stated abave
22a. SIGNATURE	+11 An	17510116			22b. DATE
Le Geri	Lell condill		ED. STAFF		8-13-6
22c. PHYSICIAN'S NAME (Type) Dobont T		22d. ADDRESS	70 7		
Robert H	F. Keadle,	Hagersto	wn, Maryla	ind.	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City,	town, or county)	(State)
REMOVAL (Specify)	Rose Hill				
Burial Aug. 15, 1960	ADDRESS	25a. REC	Hagerstow D BY REGISTRAR 251	n Wash	

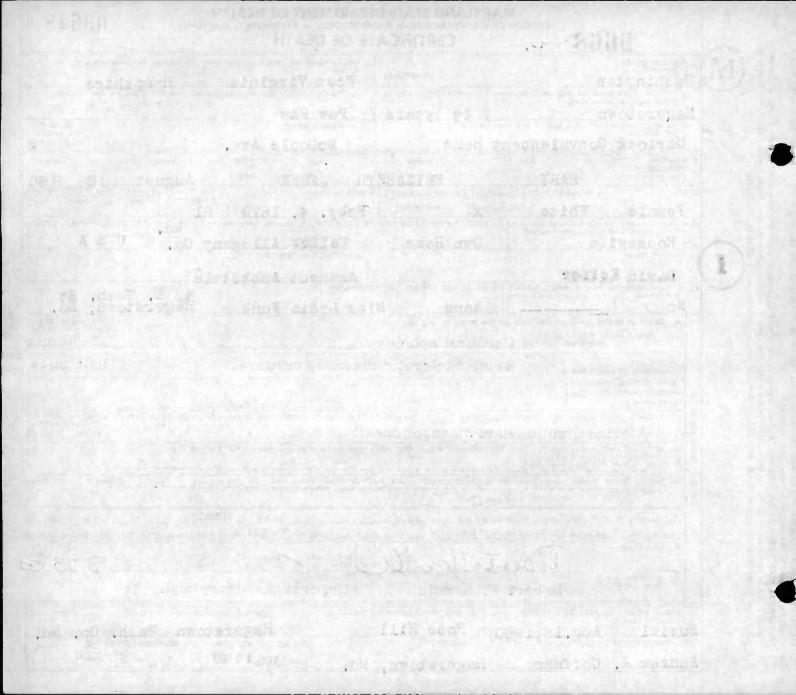
Hagerstown, Md.

DATE AUG 1 7 '60

arthur S. Kraus

TO HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be and by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9



rs after death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH ARYLAND

09649

E OF DEATH	2. USUAL RESIDENCE (Where deceased in
9719	CERTIFICATE OF DEATH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MA
	MARIE STATE SELAKTIMENT OF THEAE

1. PLACE OF DEATH O. COUNTY WASHING	TON	MARYLAND	1 0	DISTATE MARYL.		b. COUNTY		INGTO	
b. CITY OR TOWN II Aviide Po	Solo Amile Mile	c. LENGTH OF STAY IN 16	X	RURAL H.			URAL ond giv	re nearest to	wn)
d. NAME OF HOSPITAL (IF not in RT INTENTIONAGERS)	hospital, give street of	oddress)	11.8	d. street address RT.#2 HAG	ERSTO	NWO		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ELIA	Middle GO	OD	Last	4. DATE OF DEATH	AUGUS		Day 28	Yeor 19 60
S. SEX FEMALE 6. COLOR WHI		D DIVORCED	B. DA	TE OF BIRTH 18'	79	9. AGE (In years lost birthdoy) 81yrs.		YEAR IF UN Poys Hou	DER 24 HRS.
10o. USUAL OCCUPATION (Give kinduring most of working life, ever HOUSEWIFE	d of work done 10b.	KIND OF BUSINESS OR IND HOME	USTRY	VIRGIN	r foreign co IA	ountry)		S.A.	T COUNTRY?
BENJAMIN F.	ALESHIRE	3	14	BARBARA			EL AC IN		DV
1S. WAS DECEASED EVER IN U. S. A (14 yes, no, on one) (15 yes, give wor	RMED FORCES? or dates of service)		INFOR		ICE	RT.#6dd	ID.	NOTOW	14
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. DEATH WAS CA	(b) DUE TO (b) DUE TO (c)	ONTRIBUTING TO DEATH BE		0 0	NAL DISEASE	E CONDITION GIV	'EN IN PART	1(o) 19. WA	AS AUTOPSY FFORMED?
PART II. OTHER SIGNIFIC 20g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EX) 20c. TIME OF INJURY Month,	OF DEATH	CRIBE HOW INJURY OCCURION INJURY OCCURRED 20e.		oter nature of injury in P			150	YES VES	
Hour o.m.	19 While of work	Not while of work	foctory,	street, office bldg., etc.))				
21. I certify that (I) (this saw the deceased alive 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) HOWAY	an 8/19/	ed the deceased fram 60_19 and that classes ks,M.D.		ATTENDING ME DIR	M, fram	B/28/60 the causes an STAFF PHYS. DMa C St	d on the	/30/6	ed abave. 22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DA	TE THEREOF /31/60	23c. NAME OF CEMETERY SALEM REF		MATORY	23d. LOCAT	CION (City, town, CHINGTO)	or county)		itote)
24 FUNERAL DIRECTOR'S SIGNATUR	in the	ADDRESS ACSULAGE.	_/		BY REGIST		STRAR'S SIGN		

TO HOSPITATOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be and by the haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computery filled page 3 should be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 haurs often each. VR A1S (4) 1SM 9/S9

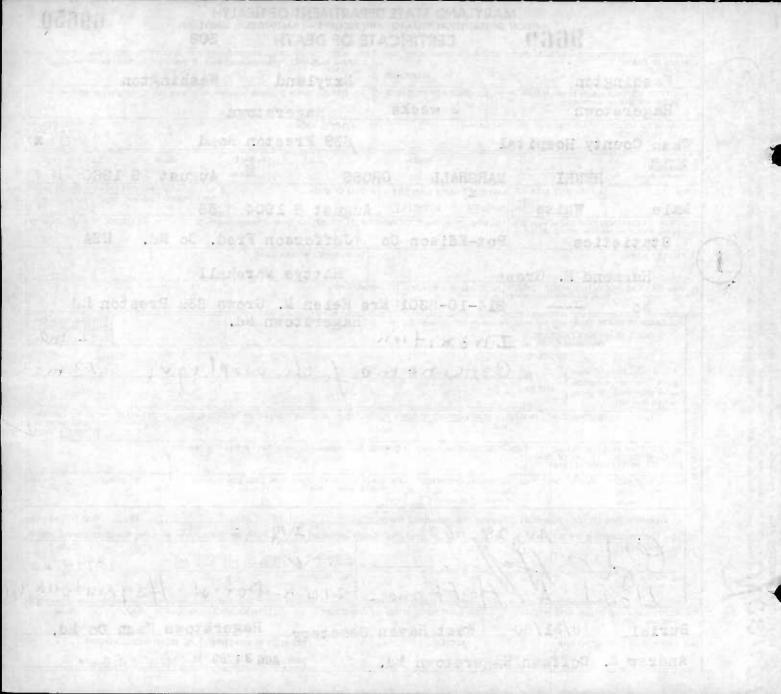
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A.6.				
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Service .		- (1935)	A Distance	E.S. Maria

TO HOSPITO may be TO FUNERAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

	1. PLACE OF DEATH 6. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Matvland	here deceased lived. If institution: Resider b. COUNTY Washington	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and	
	d. NAME OF HOSPITAL (If not in haspitol, give strong institution Wash County Hospital		d. STREET ADDRESS 639 Pres		e. IS RESIDENCE ON A FARM? YES NOTE
	3. NAME OF DECEASED (Type or print) HENRI	MARSHALL GE	last ROSS	4. DATE Month OF DEATH August 29	Day Year 1960 19
1	S. SEX 6. COLOR OR RACE 7. M		B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	2 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 1 during most af working life, even if retired)		Jefferso	or foreign country) n Fred. Co Md.	IZEN OF WHAT COUNTRY?
1	Hammond H. Gros		Hattye NFORMANT	Marshall Address	
	(Yes, na, or unknown) (If yes, give war or dates of service)	214-10-5301 M	rs Helen M.		on Rd
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line far (a), (b), and (c).]	Hagerstow	n Md.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO DUE TO (b) DUE TO	Parcinom	e of the	esophyvi	13 mo.
		us <u>contributing to death</u> but	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION GIVEN IN PAR	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 1B.)	
	Hour o.m. WI		ACE OF INJURY (Home, fari ctory, street, office bldg., et		County) (State)
	21. I certify that (I) (this haspital) attended to the deceased alive an A 22a, SIGNATURE	ended the deceased fram.	death accurred at	M, fram the causes and an the	
	22c. PHYSICIAN'S NAME (Type)	Ho FF may	22d. ADDRESS	Pot-ut. Hag	entour
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BUTIAL Specify) 8/31/60	23c. NAME OF CEMETERY C	Cemetery	Hagerstown Wash	
	Andrew K. Coffman H	ADDRESS Md	256. REC	D BY REGISTRAR'S SI	



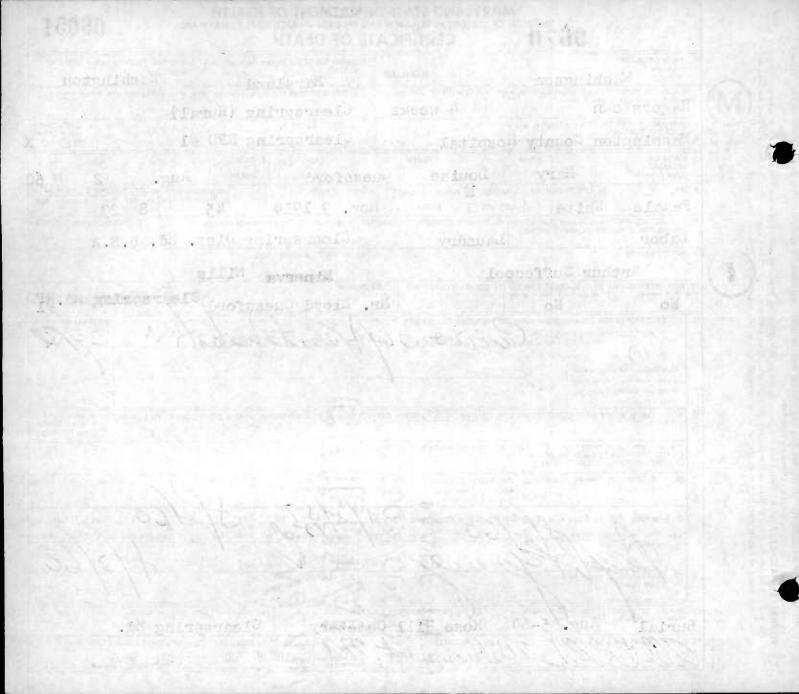
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09651

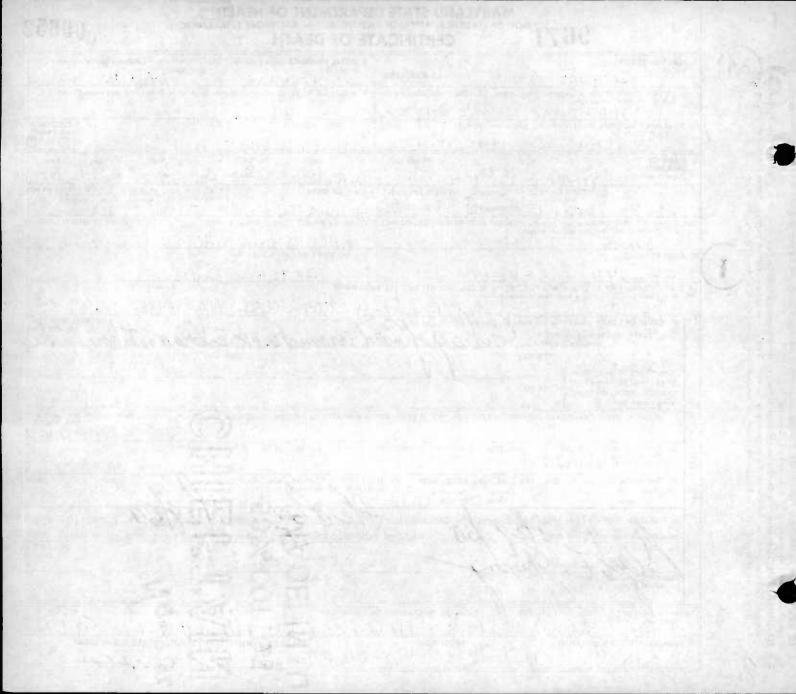
	1. PLACE OF DEATH a. COUNTY	2	. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Resi	dence befare admission) .
	Washington	MARYLAND	Marylan	b. COUNTY Was	hington
)		weeks	c. CITY OR TOWN (If autside Clearsprin	de carporate limits, write RURAL as	nd give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospita		d. STREET ADDRESS Clearsprin		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Mary Loui	Middle	Lost 4.	DATE Month OF DEATH Aug	Day Year 2 19 60
1	S. SEX 6. COLOR OR RACE 7. MARRIED NE		DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED	DIVORCED NO	v. 9 1914	45 yrs. Manth	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired) Laundr			ng Dist. Md.	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM		7.0012
	Arthur Suffecool		Minerva	Mills	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NO	and the second second	Lloyd Gues	ssford Clearsp	ring Md. RFD
	18. CAUSE OF DEATH [Enter only one cause per one for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ought	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR ACCIDENT WAS INDERTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OC. While Not Notice (I CAUSE)	CURRED 20e. PLACE factor	OF INJURY (Home, farm, , street, affice bldg., etc.)	I ar Part II af item 18.)	(Caunty) (State)
	p. m. 21. I certify that (I) (this haspital attended the common saw the deceased alive at 22c. BHYSICIAN'S NAME (Type)	deceased from.	ATTENDING MED.	fram the causes and an	the date stated abave. 226. DATE 205.NED
	PEMOVAL (Specify)	ME OF CEMETERY OR C	metery 230	d. LOCATION (City, town, or count Clearspring M	ty) (State)
	24. FUNERACIONRECTOR'S SIGNATURE William	msport,	DATEAUG &	Committee of the commit	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A1S (4) 1SM 9/59



4 35				OEK!IIIO/	TIE OI DEFTI	•			
8 - £ 1 N A	1	PLACE OF DEATH	U-Carlon -		2. USUAL RESIDENCE (W	Vhere deceased	lived. If institutia	n: Residence befo	re admission)
S SA AI		o. COUNTY	TIM	MARYLAND	O. STATE	/1 A/ D	b. COUNTY	MACHINI	CATON
1 GT	-	b. CITY OR TOWN (If outside	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	1111	ote limits write Rt		1.0.
9		RURAL and give nearest tow	1)	O DAVE	35	ourside corpor.	ore minus, with the	one give no	
P 25 D			YVY	TYNAA?	1	UIZAL			
afte the sho	1	d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospitol, give stree	t oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		WASH.	Co. H	OSPITAL	WILLIAMS	SPORT	MP	< 1	YES NO
= E	3	NAME OF	First	Middle	Last	4. DATE	Mont	h Do	y Year
filled filled ges 1 eath.		(Type or print)	WALE	RICHAIRD	LAPPICIO	OF DEATH	1.000	r. 29.	1960
thin 2 y fille ages death	-	· · · · · · · · · · · · · · · · · · ·	OR OR RACE 7. MAR		B. DATE OF BIRTH		9. AGE (In years	and the same of th	IF UNDER 24 HRS.
- a	1	A // In a series		RRIED NEVER MARRIED	b. DAJE OF BIKIH	0,	last birthday)	Months Doys	Haurs Min.
plet v afte	-	MACE IV	HITE WIDOW		1AUG. 27.1	460	yrs.	12	
ope ope	1	 USUAL OCCUPATION (Give during most of working life, etc.) 	kind of work done 10b	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign co	untry)	12. CITIZEN OI	F WHAT COUNTRY?
d o b		NONE			HAGERST	OVVN V	YASH . Co	. M.D. L	18.A
ond ond 72 h	VI	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
te b cor		THLOUD	11 1 17 17 17	1.1	011	n 7	201115		
physici physici emove ent, with	1	. WAS DECEASED EVER IN U. S	APMED FORCESS 14	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	926	
			war or dates of service)	. SOCIAL SECORITI NO. 17.	7 1	2017			01
e in a		// 0		NANTE IT	LOYD TRAKK	FLL	WILLIA/	VISPORT	WD-KI
eatleog leog any		18. CAUSE OF DEATH [Ente	r only one couse per	me for (a), (b), and (c)	1	1	- N-	A INT	ERVAL BETWEEN
in pott		PART I. DEATH WAS	CAUSED BY:	elis a Mas	Ed annual	2006	MARAK	al Valin	1000
The the		761	DUE TO		at attended.	coepe.	- WOOTH CO	and all a	9
by that		Conditions (Conv. white		/ //			/		/
over in d		Conditions, if any, which	(5)						
gan gan		couse (o), stoting the under	DUE TO						
nan sit		lying couse lost.) (c)			**			
sicl sicl bee	7	PART II. OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
phy phy dried-ial-	3 1	The state of the							YES NO
e h		20a. ACCIDENT WAS UNDER	LYING 20b. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	n Port I or Port	II of item 18.)	Control of	
AN Cat		20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)						
otte right				INJURY OCCURRED 20e.	LACE OF INJURY (Home, for	rm, 20f. (City	or town)	(County)	(Stote)
or or see see see see		Haur a.m.	While	e Nat while	octory, street, office blde. e	tc.)		/ (000)	(5.5.5)
4 点番に	- 1	p. m.	19 97/10	ork at work	W V		Prod	-	
NG Ispirated A for	4	21. I certify that (I) (th	is hasp to atten	ded the deceased fram	712069	2, ta_	112918	2.69, th	nat (I) (we) last
the A	H	saw the deceased div	e and 129	64 and that	death accurred at	M. fram	the causes and	d an the date	stated above.
e de		22a. CHATURE	VI		668				22b, DATE
P d d d		13/MIL	Chair		M.D. PHYS.	MED.	STAFF PHYS.		SIGNED
DIR DIR ord o		23-PHYSICIAN'S	- Tour	4	22d. ADDRESS	DIRECTOR 🗀			
Boord Boord		NAME (Type)	//						
SPI SPI 3 sh date I	1	1- //	///	/					
HOS ay b age 3	1 3	a. BURIAL CREMATION, 236.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town, o	r county)	(Stote)
	1/4	DURIAL A	10:31,1460	KESTHA	VEN CEMETA	2V TH	6-EKST	OVVV	MD.
5 5 0 0 ±	2	FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS	25a. RES	PAPREGISTI	RAND 25b. REGES	IRAR'S SIGRIATU	REMA
VR A1S (4)	1	John TI.	Je Mest	3001VSB0	DATE	EP 6 '6	0 G	Thun S. Kra	us
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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 970 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

302

1. PLACE OF DEAT	Н		0.5	AL RESIDENCE (WHATE	here deceased l	ived. If institution b. COUNTY	on: Residence bef	rore admission)
Washing	rton	MA	RYLAND	rvland			ngton	
	(If outside corporate limits ve nearest town)	, write c. LENGTH OF STA	Y IN 1b c. C	ITY OR TOWN (If o	outside corporo	te limits, write R	URAL ond give no	earest town)
Boonsbo	oro	13 Mons	Fu	nkstown				
	SPITAL (If not in haspital, giv			TREET ADDRESS				e. IS RESIDENCE ON A FARM?
	-Keedy Home	for the A	ring Ea	st Balt	imore			YES NO
3. NAME OF	First	Mide		Lost	4. DATE	Mon	th C	Day Year
DECEASED (Type or print)	MOLLIE		ARSHMAN	2031	OF DEATH	August	1. 19	60 19
5. SEX	6. COLOR OR RACE	MARRIED NEVER MAR	RIED B. DATE	OF BIRTH	9	. AGE (In years lost birthdoy)		R IF UNDER 24 HR
Female	White	WIDOWED THE DIVOR	CED O O	ober 14	.1876	83 yrs.	Manths Doys	Hours Min.
	PATION (Give kind of work do						12. CITIZEN C	OF WHAT COUNTRY
during most of	working life, even if retired)							
Housew		Own Home		lfesvil		ed Co N	ld U	SA
13. FATHER'S NAME			14. M	OTHER'S MAIDEN N	NAME			
Na than	n Eccard			Charlot	te Gar	rer		
15. WAS DECEASED	EVER IN U. S. ARMED FORCE		NO. 17. INFORMA	NT		Add	ress	
(Yes, no, or unknown)	(If yes, give war or dates of ser		Mr. W	illiam .	Henchy	non Ch	ewsvil	le Md
	DEATH Enter only one cau	None		TITION	HELBIH	113 UI.		TERVAL BETWEEN
gove rise t	if ony, which o immediate ting the under-	Lobar	Pneu	moi	ia		- 0	2 cops
PART II. PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT COND	ITIONS <u>CO</u> NTRIBUTING TO I	DEATH BUT NOT REI	ATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT	T WAS UNDERLYING	POL. DESCRIBE HOW INJURY	OCCURRED. (Enter	noture of injury in	Port I or Port I	I of item 18.)		ILS [] NO [
	TING CAUSE OF DEATH							
Hour o.	NJURY Month, Day, Year m. 19	20d. INJURY OCCURRED While Not while of work at work		NJURY (Home, form et, office bldg., etc		or town)	(County	y) (Stote
21. I certify	that (I) (this haspital)	attended the decease	ed fram	e r5 19	60 . ta /	cog /	1960	that (I) (we) las
saw the dec	ceased alive and	43/ 1960 , ar	nd that death a	ccurred at	M, fram t	he causes an	d an the dat	te stated abave
22a. SIGNATUR	RE LAND	61						22b. DATE
-	MARY IX	lan	M.D. PH	TENDING PI	RECTOR	STAFF PHYS.		SIGNE
22c. PHYSICIAN NAME (Ty	4'5 G. W.L	evan	220	Roon Som	alvor	0	4	med.
23o. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CE	METERY OR CREMA	TORY	23d. LOCATIO	ON (City, town,	or county)	(Stote)
Buria.		Dunkar	d Cemete	7275	Beerra	- Greek	Wo -h	0- 1/2
24. FUNERAL DIREC		ADDRESS	or neme re		DERVE		Wash STRAR'S SIGNAT	URE MICE
Andres	w K. Coffman	n. Hagerato	wn Md	DATE	IG 5 '60	an	Thur & the	u.A.

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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9672

CERTIFICATE OF DEATH

		Tope .		and the second second	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE,	here deceased lived. If institution: b. COUNTY	Residence before odmission) L'ranklin KHXHXNEKWAX
b. CITY OR TOWN RURAL ond give I Hagerst		write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporote limits, write RUR Wavnesboro	
OR INSTITUTION	on County Ho		d. STREET ADDRESS	avmesboro. Pa.	75 X S. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month	Day Year
5. SEX	John	The Contract of the Contract o	Heefner B. DATE OF BIRTH	AUgust	22 1960 UNDER 1 YEAR IF UNDER 24 HRS.
male		MARRIED NEVER MARRIED DIVORCED DIVORCED		lost birthdoy) A	Aonths Doys Hours Min.
10a. USUAL OCCUPATI	WILLO	ne 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole		12. CITIZEN OF WHAT COUNTRY
	inisher & fa	rmer Construct	ion Chambers	sburg. Pa. R.D.	U.S.A.
19 FATHER'S NAME	1111101 a 10	TIMET CONSULTATION	14. MOTHER'S MAIDEN N		0.0.0.
) Jame	s Heefner		Margare	et Benedict	
	ER IN U. S. ARMED FORCE		INFORMANT	Address	
no	(it yes, give war or agree or serv		s. H.M.Seydle	r Huston Texa	as
Conditions, if a gove rise to couse (a), stoting lying couse lost. PART II. OT	the under DUE TO (c)_	TIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 17. NO 17.
O (IF EITHER, NOTIF)	MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRE			1.00 1.00
20c. TIME OF INJU Hour a. ft. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
alive an_8/	122/60 Hern	leceased from 5/3/60, 19 and that death which was a market with the second seco	accurred at 12 P		d an the date stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial	8/24/60	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or o	(Stote) Penna
23. FUNERAL DIRECTO	'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
Malter	Il LI LOVE	Marmeshara	Po DATE	AUG 2 4 '60 G	reing S. Krawk

MARYLAND STATE DEPARTMENT OF HEALTH

1. MARYLAND

09655

(Stote)

(Stote)

(County)

director, the funeral

rs after death. Page

Pages 1

event, within 72 haurs after death remove carban papers.

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and campletely filled

	9	673 DIVISION OF	CERTIFICAL RESEARCH A	TE OF DEATH			302	5	0965
	1. PLACE OF DEATH o. COUNTY Wash	ington	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		ashing to		ice befo	re admission)
	b. CITY OR TOWN RURAL ond give r Hager		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a			JRAL ond	give nec	irest town)
1	d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, give street		d. STREET ADDRESS		Home			e. IS RESIDE ON A FA YES N
	3. NAME OF DECEASED (Type or print)	JAMES	Middle RILEY	HOSE	4. DATE OF DEATH	August		196	,
	S. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	20=	9. AGE (In years last birthday)	IF UNDER	RIYEAR	

Hagerstown	R # 2	
EET ADDRESS		e. IS RESIDENCE
ateway Conv	Home	YES NO

masii o	Ourrey Hos) T forT	~~~	0011003					100	110 25
3. NAME OF DECEASED	Fir	st Middle		Last	4. DATE	Mon	th	Day	Y	'ear
(Type or print)	JAMES	RILEY	HOS	E	DEATH	August	26	1960) 1	9
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	ED B. DATE OF B	BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS.
Male	White	WIDOWED DIVORCE	0- 1	23 1	895	last birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS			R INDUSTRY 11. BIRT	HPLACE (Stote	e or foreign co	ountry)	12.CI	TIZEN OF	WHATC	OUNTRY?
during most of working life, even if retired) Truck Driver		County Roa	County Roads Rockd		Wash	Co Md.		US	SA	
13. FATHER'S NAME			14. MOTHE	ER'S MAIDEN	NAME					F 13
Samue	1 Hose			Eli	zabetl	n Suman				100
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	. 17. INFORMANT			Add	ress			

	THE TOTAL TO SOCIAL SECONTITION IN THE SECONTITION	Address		
Yes, no, or unknown) (If yes, give war o	or dates of service) 14-09-2411 Mrs Mary M. Miller Cle	earspring R# 1		
	nly one couse per line for (a), (b), and (c).] Maryland SED BY: CAUSE (a) Shock	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost.	Ruptured duodenal ulcer, peritonitis	Unknown		
	(c)	GIVEN IN PART 1(o) 19. WAS AUTOP		

SY Generalized arteriosclerosis YES NO

factory, street, office bldg., etc.)

CERTIFICATI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

MEDICAL g. m Not while of wark at work 21. I certify that (I) (this haspital) attended the deceased from 8/258/26/60, 19___, that (I) (we) last and that death accurred at 5A M, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE

SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. X 22c. PHYSICIAN'S NAHoward Potomac St., Hagerstown, Md. Weeks. M.D.

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION. REMOVAL (Specify) 8/28/60 Burial Rose Hill Cemetery

Doy,

Hagerstown,

Andrew K. Coffman Hagerstown Md.

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG 3 0 '60 arilar S. Kraus DATE

23d. LOCATION (City, town, or county)

prior to burial, crematian, or remaval, page 3 shauld be detached far use os the burial-transit permit, the State Board of Health prior to burial, crematian, or remaval,

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 L DIRECTOR: After this certificate has been signed by the attending physician ined by the hospital ar attending physician. TO FUNER

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5.000 officeral contractions The salar board and a salar Service and the service of the servi True Dily a Parent Roule Control of the Parent Parent g ar margarett souttil it vand bet 1610 -00-103 (1910 - 00-10) · Contraction of the contract STATELS -Burning State and Real Hell Caratter a Male cores, Marriana All brogger agent mentage a weather 9720

s ofter death. Page 4

the attending physician and completely filled in by the funeral directar. Then please remave carbon papers. Pages 1 and 2 should be filed with

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 francy be and by the haspital ar otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72-baurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

DECEASED							
RURAL ond give nearest town) Rural Hagerstown Md 3 Days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Gateway Nurseing Home 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours							
Rural Hagerstown Md 3 Days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Gateway Nurseing Home 3. NAME OF DECEASED (Type or print) W. Main St. Hancock Md. W. Main St. Hancock Md. W. Main St. Hancock Md. YES 3. NAME OF DECEASED (Type or print) W. Main St. Hancock Md. YES OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Gateway Nurseing Home 3. NAME OF DECEASED (Type or print) Matthew Hale Hughes 4. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours 9. AGE (In years lost birthdoy) Months Doys Hours							
Gateway Nurseing Home W. Main St. Hancock Md. YES 3. NAME OF DECEASED (Type or print) Matthew Hale Hughes 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Months Doys Hour	DENCE FARM?						
Color Or Race 7. Married Never Married 8. Date of Birth 9. AGE (In years lost birthdoy) Months Doys Hours Months Doys Hours							
(Type or print) Matthew Hale Hughes DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours	ear						
lost birthdoy) Months Doys Hours	960						
	R 24 HRS Min.						
	Min.						
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	DUNTRY?						
Retired Hancock Maryland U.S.A.							
13. FATHER'S NAME							
Thomas T Hughes Mary J Bowhary							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] [If yes, give war or dates of service]							
No Effie F Hughes Hancock Md.							
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c), 1							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Carcinoma Bladder 2 yrs.	ONSET AND DEATH						
181 DUE TO							
Compared to a Co	6 36-						
gove rise to immediate	O MO.						
couse (a), stating the under-							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO YES							
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 of work at work 19 of work							
21.1 certify that (I) (this haspital) attended the deceased fram 11/9/58 19 ta 8/5/ 1960, that (I) (v							
A1.11							
Saw the deceased and on the same and the sam	.DATE						
M.D. PHYS. DIRECTOR DIRECTOR PHYS.	SIGNED						
22c. PHYSICIAN'S 22d. ADDRESS							
NAME (Type)							
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION (City, town, or county) (Stote BUYLLS (Stote BUYLLS) (Stote BuyL	,						
24_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	•						
Housel of elieve Hernered me DATE AUG 11'60 and S. Think							
Howard of estive paracoed and DATE AUG !!							

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MARYLAND STATE DEPARTMENT OF HEALTH

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	9674 DIVISION OF		TE OF DEATH	MORE 1, MARYLAND	03004
)	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution: Resider	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF D	utside corporate limits, write RURAL and	
	HAGERSTOWN	ONE WEEK		ISBORO	
ì	d. NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION	11	d. STREET ADDRESS	774	e. IS RESIDENCE ON A FARM?
3	3. NAME OF First	HOSPITAL		TOMAC : ST.	YES NO X
	(Type or print)	MAY t	tuTZIZLL	4. DATE Manth OF DEATH AUGUST	3- 1960
			8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
	TEMALIE WHITE WIDOW	_	NOV. 28-18	78 8/ yrs.	
	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 		STRY 11. 8IRTHPLACE (Stote of		IZEN OF WHAT COUNTRY
	13. FATHER'S NAME	WN HOME	DENEVOLA	W4SH. Co. IVID, 4	S.A.
	D B 111 - 1		14. MOTHER'S MAIDEN N	AME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT JOIN	A TONS Address	
	(Yes, no, or unknown) (If yes, give war or dates of service)	NONE M	RS. PAUL L	CUPENSLAGER	BOONSBURON
	18. CAUSE OF DEATH [Enter anty ane cause per li	ne for (a), (b), and (c).]	▼		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Mer	neu_		7-27-60
	Conditions, if ony, which (b)	1 rebin	Throng	osis	7-17-60
	gove rise to immediate couse (a), stating the under-	7	, (60 1 1	
1	lying cause lost. (c)	runo-p	cursos	generals ed	
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTIONS OF CON	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAC DISEASE CONDITION OVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
	20a. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort ar Part of item 18.)	
		NJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form,	20f (City or town)	(64-1-)
	20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. 19 While of war	Nat while foo	ttory, street, affice bldg., etc.)	(State)
1	21. 1 certify that (I) (this haspital) attend	ded the deceased fram	help > 7 19	6010 aug 3, 196	ed, that (I) (we) last
	saw the deceased alive an and	3 19 6 4 and that	eath accurred attill	o, from the causes and an the	e date stated abave.
	220. SIONATURE	Maleta	ATTENDING ME		P-J-SIGNES
	22. MANE (Type) 5 (A WE)	NOVEN	22d. ADDRESS	Turboson	n ma
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tawn, or county)	(Stote)
	BURIAL AUG. 7, 1960	BOOMSBORD	N		Co. M.P.

MD.

250. REC'D BY REGISTRAR

DATAUG 1 0 '60

25b. REGISTRAR'S SIGNATURE

Cirilian S. Hrank

DO ONIS ADDRESS

BOONSBORD

TO HOSP OR ATTENDING PHISICIAN. The TOWN TO A HOSP TO HOSP TO A HO

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by the funeral directar,

eyest within 72 hours after death.

24. FUNERAL DIRECTOR'S SIGNATURE

STATE OF TAXABLE CALLED and the local of the last of the (4) Proposition of a partial proposition of a second contract of a se

MARYLAND STATE DEPARTMENT OF HEALTH 9703 CERTIFICATE OF DEATH

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 12 ofter death. Page 4	by the haspital ar attending physician.	detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with	Hanlih prior to burial gramation or removal and in any event within 72 hours offer death
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of of		Tosep Te	west M.D.	PHYS. DIRECTOR PHYS.
6 and bre		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 21 North Main
Shau Boo		Joseph Seco	ndari	Boonsboro, Ma
HOSP nay be FUNE; age 3 he State	2	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-30-60	234 NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION (City, town
VR A15 (4) 15M 9/59	00	24. FUNERAL DIRECTOR'S SIGNATURE	BOONS BORD	250. REC'D BY REGISTRAR 25b. REC'D BY REC'D BY REC'D BY REC'D BY REGISTRAR 25b. REC'D BY REG'D BY REC'D B
13111 7737				

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. CQUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
RURAL and give nearest town) 900NSBORO 61FF	X BOOMSBORD	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION SECURITY ST	ISOUTH MAIN ST.	YES NO DE
3. NAME OF First Middle	Lost 4. DATE Month	Day Yeor
(Type or print) WILLIA IVI THOMAS	TAIVIRE DEATH AUGUST - 3	7 19 600
	J. DAIL OI BIRTH	EAR IF UNDER 24 HRS.
MAIE MIDOWED DIVORCED	MAU 15-1879 lost birthdoy) Months Do	bys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
during most of working life, even if retired) TRUCK FORMER FRUIT - PRODUCE	= BOONSBORD WASH, CO. NID. L	1.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
OTHO OLITNURE	MARY SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. 9r ynknown) (If yes, give wor or dates of service)	NFORMANT Address	
NONE M	RS. GRACE ITNIVRE BOONSE	30120 MD
1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]	0 _4_	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nour of Hoursh	6 went
161 DUE TO		
Conditions, if ony, which) (b)		
gove rise to immediate couse (a), stating the under-		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		(o) 19. WAS AUTOPSY PERFORMED?
3 juneliges antenders		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
,		unty) (Stote
Hour o. m. p. m. 19 While Not while of work	ctory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) attended the deceased fram	Word 15 1969 to April 27196	Othat (I) (we) las
1/10 0 0 0 0	death accurred atM, from the causes and an the c	
220. SIGNATURE		22b. DATE SIGNED
toseft feweren	M.D. ATTENDING MED. STAFF PHYS. 8/2	9/60 SIGNEL
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 21 North Main Stree	t
Joseph Secondari	Boonsboro, Maryland	
23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
BURIAL 8-30-60 BOONSBURD	C.EMETERY LOONSBORD WASH	t. COMP
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
Jahr 4 2 Cast 1300/VSB012	D /X(/) DATABLE 6 "SD WATER I The	alkilla.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9675 CERTIFICATE OF DEATH

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Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND WASHINGTON WASHINGTON b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RUPAL and six STOWN 29 YRS. HAGERSTOWN e. IS RESTDENCE d. NAME OF HOSPITAL (If nat in haspital, give street address) de STREET ADDRESS ON A FARM? WASHINGTON WASHINGTON ST. YES NO X NAME OF 4. DATE 3. First Middle Manth Year SR OF DEATH JOHNSON MAURICE NEEDY AUGUST 16 (Type or print) 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF SIRTH 9. AGE (In years last birthday) Manths Days Haurs MALE WHITE 2/1/1909 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? TOOL &JIG WORKER ATRCRAFT CORP. MARYLAND U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN F. JOHNSON CORA NEEDY IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Addre HAGERSTOWN (Yes, na prynknown) 217-10-3156 MRS. HELEN S. JOHNSON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, (Caunty) (State) factory, street, office bldg., etc.) Haur a. m While Nat while at wark at wark p. m 21. I certify that I attended the deceased from 1% O, that I last saw the deceased and that death accurred at A.M. fram the causes and on the date stated above. alive an ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) ROSE 8/18/60 HAGERSTOWN 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 2 2 '60 arthur & Kraus DATE

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VS. A15ME(5) 5M 9/55

9705 MEDICAL EXAMINED'S CERTIFICATE BALTIMORE, 18

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Washington	1	MARYLA	ND			Vhere decessing ingini	ed lived. If Insti	TV -	rkel	The state of the s	/
	b. CITY OR TOWN (III OND SIVE TOWN) William	outside corporate limits, write sport	RURAL	c. LENGTH OF STAY IN	16	c. CITY OF		outside corp insbur	orote limits, writ	e RURAL and	give neal	rest town)	
1				ospital, give street oddress) sh. Co. Hosp		d. STREET . 422		lkner	Ave.	KZK.	P 20	ON A FARM?	P
	NAME OF DECEASED (Type or print)	Fin Lind		Middle Le e		Keedy		4. DATE OF DEATH	Augu:		Doy 30	Yeor 19 60	
5.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	7 8.	DATE OF BIRTI	1		9. AGE (In years last birthday)	IFUNDER		UNDER 24 HR	
	Female	white	WIDOW	ED DIVORCED	1	7 Oct.	1942	2	17 yrs		Days H	lours Min.	
100	during most of working studen	g life, even if retired)		kind of Business or in				or foreign $lpha$ irgini		12. CITI	ZEN OF V	WHAT COUNTR	177
13.	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	Egrand		120		_
B	Bernard L.	Keedy (De	ec'd)			Lott	ie L	. Koor	ntz				
15	. WAS DECEASED EVE M. no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.			· Emer	у В.	Ingra	Addres		0 -	W.Va. Ave.	
ATION	Conditions, if ar gove rise to Immed (o), stoting the ucouse lost.	inderlying DUE TO	Fal	l into stai			THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED?	
L CERTIFICATION		1	ell	into stain	we	ll at	Will	liams	port, l	Md.			
MEDICAL	10:30 p.m.	8/30/6019	Whi at w	ork of work 🗶 🖰	foctor	y, street, office	bldg., etc.	Wil:	liamspo		ash.	(Stote) Md.	
	21. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection Z, Inquiry, and find that death resulted from: Natural causes, Accident Z, Suicide, Homicide, Undetermined cause									at			
	ACTUAL SIGNATURE	ACTUAL FRANK 11. Work his M.						O IO NE KAMINER [] AL EXAMINEI			× /	TATE SIGNED	
	EXAMINER'S NAME (Type) HO	ward N. V	Veek	s.M.D.				EXAMINER [_		01	3460	
220		N. 226. DATE THEREO	F	Rosedale c					nsburg		elev	(Stote) W. Va.	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS agers town		<u> </u>	240. REC'I	BEP 6		SISTRAR'S SIC			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

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		nog. Dis	11 1101
	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY Wash	e before admission) nington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 60 years	GRY OR TOWN (If outside corporate limits, write RURAL and g Hagerstown	ive nearest tawn)
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR (NSITUTION) Washington County Hospital	d STREET ADDRESS 112 S. Prospect	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Louise First May	Kerney 4. DATE Month OF DEATH August	24 Yeor 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE Own Home	JSTRY 11. BIRTHPLACE (State or foreign country) Hagerstown Md.	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Silas Shifler	Estella Mc Dade	
)	(Yes, no, or unknown) a (If was give war or dates of service)	lden L. Kerney Hagerstown	Ma.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying cause lost.	atteristationes	INTERVAL BETWEEN ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)	
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work at work at work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) (City or tawn) (C	ounty) (State)
	010 4 00	h accurred at 11:250 from the causes and an the ADDRESS (Street, city or town, stote)	st saw the deceased date stated above DATE SIGNED
	PHYSICIAN'S NAME (Type) John C. Stouffer	Hagerstown Md.	8-26-6
	220. BURIAL, CREMATION, REMOVAL (Specify) 8-27-60 Rose Hill	Cemetery Eagerstown Magerstown	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCOTT F. Minnich & Son Hagersto	wn Md DATE AUG 2 9 '60 24b. REGISTRAR'S SKC	NUREA
	recogn L. Mrimiten or Don magel. 200	wn Md DATE AUG 29'60	

rs after death. Page 4 TO HOSP OR ATTENDING PHYSICIAN: The taw tequines may be already the haspital ar attending physician and campletely filled in by the funeral director, and be the haspital are attentianed by the other physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the other ding physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the other director. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in ony event within Theorem. Mark mineral ferror - Danieveza Perror - Sana -Company of sell and first pack through a manifold Comic Chicken of the comment of the Tours alice of Committees and Section 1. engl of other and the same of INO Core at the tree and the beautiful and The state of the s The state of the s The same figure and appropriate the product of the same of the sam MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	o at a service			

1. PLACE OF DEATH G. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hagerstown 2 yrs.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Rural Smithsburg R#1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Western Maryland State Hospital	d. STREET ADDRESS R\$1 Smithsburg e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DALLAS WALTER	LEWIS 4. DATE Manth Day Year OF DEATH 8 29 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1875 April 19,1277 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Farm & Misc.	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Frederick County, Md. USA
13. FATHER'S NAME (Daniel) Daniel Lewis	14. MOTHER'S MAIDEN NAME Maria Mixmex Baker
(Yes, no, or unknown) (If yes, give war or dotes of service)	Address Hagerstown, Md. s.Bruce Hudspith 25 E.Lincoln Ave.
Jobellar Price Monia, Nephrolithia 2000. accident was underlying 1 2000. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH	Typelonephritis Bilateral Interval Between onset and Death y of prostate 3 years IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Arterios Clestic heart, YES NO DED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl	PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.) (Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an Aug. 22 19 6.0 and that 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Young E.Chun	death accurred at #1.5 m, from the causes and an the date stated abave. M.D. ATTENDING MED. DIRECTOR STAFF Aug 22 1960 22d. ADDRESS 22d. ADDRESS
23d. Burial, CREMATION, REMOVAL (Specify) 8/24/60 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) Church Cemetery Foxville Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rest Haven Funeral Chapel Hagerstow.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 2 5 60

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to buriol, cremotion, ar remaval, and in any event within 22 haurs after death. TO HOSP VR A15 (4) 15M 9/59

s after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
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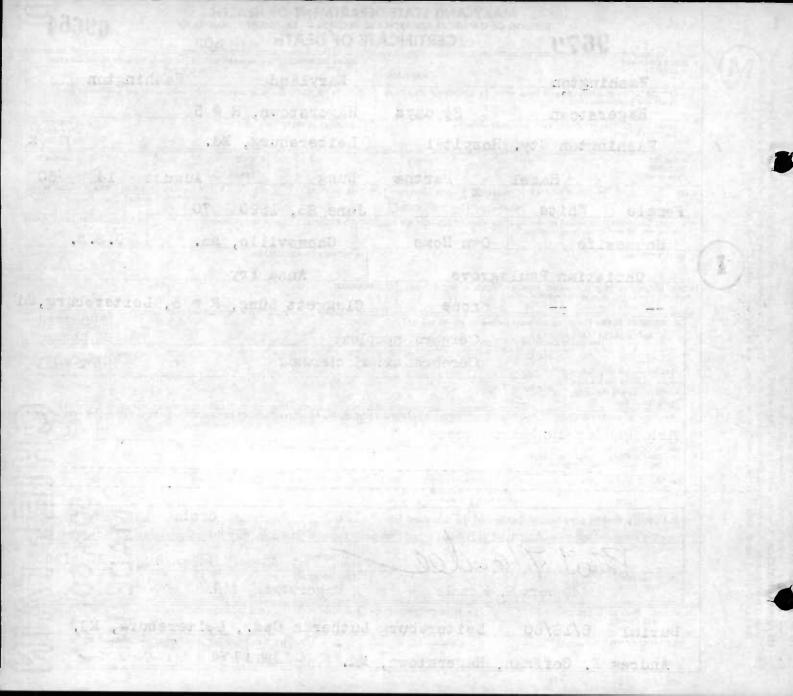
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1. PLACE OF DEATH o. COUNTY	THE STATE OF THE		MARYL	AND	2. USUAL RESIDE			b. COUN	ITY .		dmission)
	hington				Mary				ashing		
b. CITY OR TOWN RURAL and give	(If autside carporate limits	s, write c.	LENGTH OF STAY II	N 16	c. CITY OR TO	WN (If o	utside corpor	ote limits, writ	e RURAL and g	ive nearest	town)
7.7	erstown		23 days	d	Hager	atow	n. R	# 5			
d. NAME OF HOSP	ITAL (If not in hospital, ai	ve street odd			d. STREET AD		111				S RESIDENCE
OR INSTITUTION	ington Cty	Hos	pital		Leite:	rsbu	rg. 1	ld.			ON A FARM?
3. NAME OF	Firs		Middle		Last		4. DATE		Aonth	Day	Year
DECEASED					The same of the same of		OF DEATH			Day	
(Type ar print)	Haze		Marth		Lung			Aug		14	160
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	D 🔲 B	DATE OF BIRTH			 AGE (In year last birthdo 			OURS Min.
Female	White	WIDOWED [DIVORCED		June 2	5. 1	890	404 40	rrs.	Day's	WIII.
Oa. USUAL OCCUPAT	ION (Give kind af work d	ane 10b. KIN	D OF BUSINESS OR	INDUST				untry)	12.CITI	ZEN OF WI	HAT COUNTRY
22	orking life, even if retired)	Ov	m Home		Cha	m a 254	lle.	Ma	I	J. S. A	
3. FATHER'S NAME	WITE	- OY	ATT TTOME		14. MOTHER'S A			THE PARTY OF		78 108 41	
	istian Pau					anna	, Fry				
IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of se		CIAL SECURITY NO.	17. INF	ORMANT			44	Address		
		I	none		Clegge	tt L	ung,	R # 5	, Leit	terst	nurg, M
18. CAUSE OF DE	ATH [Enter only one cau	use per line f	or (o), (b), and (c).]			1-11					AL BETWEEN
PART I. DEATH WAS CAUSED BY: Comphysol and					ooplexy 48 hours					OILTS	
321	IMMEDIATE CAUSE (o)	-	Seleniai .	apor	MEAY					10 11	ouib
Cerebral arterioclerosis								Inde	finite		
Canditians, if											
gove rise to couse (o), stating											
lying couse last						-		8,310			
Z PART II. O	THER SIGNIFICANT COND	DITIONS CON	TRIBUTING TO DEA	TH BUT I	OT RELATED TO 1	HE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAR	1(a) 19. V	WAS AUTOPSY
Arteriosclerosis, heart disease									S NO S		
20g. ACCIDENT W	VAS UNDERLYING		BE HOW INJURY OC	CURRED	(Enter noture of	injury in F	Port I or Port	Il of item 18.)			
OR CONTRIBUTION	G CAUSE OF DEATH										
	JRY Month, Day, Yea	r 20d. INJU	RY OCCURRED		CE OF INJURY (H			or town)	(0	County)	(Stote
2 How mi	19	White _	Nat while at wark	rect	ery, street, office-	oleg., etc.	7				
					1050		1	-1 41-			
21. I certify th	at (I) (this haspital)) attended	the deceased f	fram	1950				, 19		
saw the dece	ased alive an Au	gust 1	3 1960 and	that de	eath accurred	2:45.	At, fram	the causes	and an the	date st	ated abave
220. SIGNATURE 21 4 4/1 / 100											22b. DATE
K	obert V.	16a	UOV.	N	.D. PHYS.	ME DI	RECTOR	STAFF PHYS.	Augus	t 15,	1960
22c. PHYSICIAN'S				9	22d. ADDRES	-					
NAME (Type)	Robert	F. Ke	eadle		Hage:	rstov	vn, M	d.			
30 RIIDIAI CREATATI	ION, 23b. DATE THEREO	E la	3c. NAME OF CEME	TERY OF	CREMATORY		234 LOCAT	ION (City, tow	or county)		(State)
REMOVAL (Specif	y) - 1 - 1					~ 0				Ma	
Burial	8/16/60	با	eitersbu	rg				Leiter	-	, Md	•
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				D BY REGIST		EGISTRAR'S SIG		
Andrew	K Coffm	an H	acers tow	m	Md.	DATE A	UG 17 '8	50	Orthur S.	. Trava	

D HOSP TO BE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Pours after death. Page 4 may be sined by the haspital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, ar remavol, and in any event, within 72 haurs after death. TO HOSP may be TO FUNER

rs ofter death. Page 4

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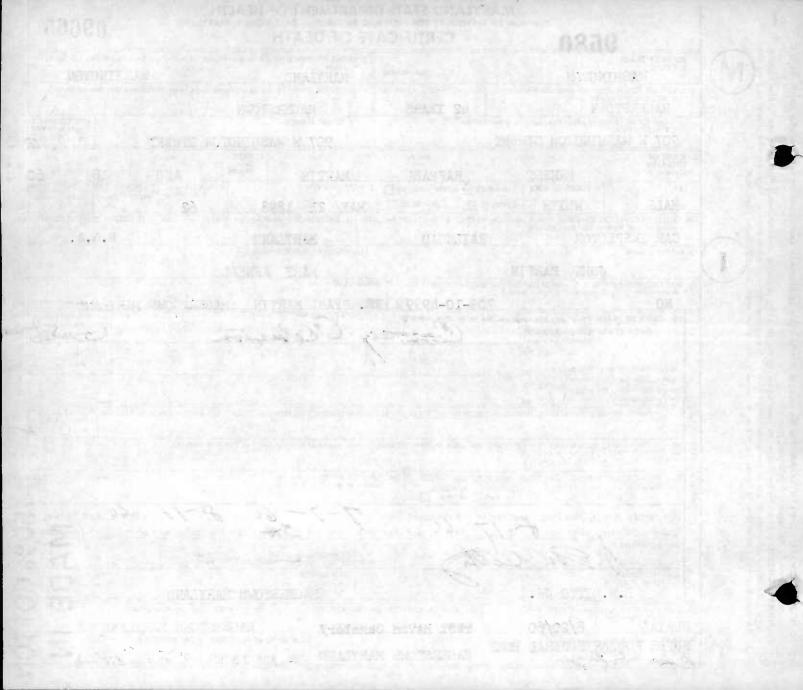
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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J.	1011										
1. PLACE OF DEATH a. COUNTY WASHIN	CIP ON		MARY		O. STATE MARYTAND	Where decease	d lived. If institution b. COUNTY	on: Residence be			
b. CITY OR TOWN (If o RURAL and give near HAGERSTOW	utside corporate limit est town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corpo	prote limits, write R				
d. NAME OF HOSPITAL OR INSTITUTION	- 1		70		d. STREET ADDRESS		TON STREET	יוצי	e. IS RESIDENCE ON A FARM? YES NO W		
3. NAME OF DECEASED (Type or print)	Firs ERNEST		Middle RAPHAET.		Lost MARTIN	4. DATE OF DEATH	Mon	ith	Day 'ear		
	. COLOR OR RACE	7. MARRI	ED NEVER MARRI		DATE OF BIRTH	000	9. AGE (In years lost birthdoy) 62 yrs.		AR IF UNDER 24 HE		
10a. USUAL OCCUPATION during most of working CAR INSPEC	(Give kind of work d	one 10b. N							OF WHAT COUNTR		
13. FATHER'S NAME					14. MOTHER'S MAIDE		A PARL				
J	OHN MARTI	N	2		MARY	KENSE	L				
15. WAS DECEASED EVER 1 (Yes, no, or unknown) NO	N U. S. ARMED FORC yes, give wor or dates of se	rvice)	SOCIAL SECURITY NO	MRS		RTIN	Add HAGERSTO		ANT		
Conditions, if ony gove rise to improve cause (a), stating the lying cause lost.	nediote (
PART 11. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	SIGNIFICANT CONE	OITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO		
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRED.	Enter noture of injury	in Port I or Pa	rt II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	r 20d. IN While at work	JURY OCCURRED Not while of work		E OF INJURY (Home, f y, street, office bldg.,		y or town)	(Count	ty) (Sto		
21. I certify that saw the decease		attende	7 / (7-7-	160ta	the causes ar				
22a. SIGNATURE	gal.	Que	the	M.(MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGN		
22c. PHYSICIAN'S NAME (Type)	DITTO JR.				22d. ADDRESS HAGEF	RSTOWN_	MARYLAND				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREO 8/20/60	F	23c. NAME OF CEM		REMATORY		TION (City, town, ERSTOWN N	or county) [ARYLAND	(Stote)		
24 SHYER PRECTORS	FUNERAL	HOME	ADDRESS HAGERSTO			EC'D BY REGIS	160 25b. REGI	STRAR'S SIGNA	TURE		



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	0.00	CEKTIFICA	TIE OF DEATH		
1. PLACE OF DEA	TH .	o En El Iva sellige		here deceased lived. If institution:	Residence before admission)
a. COUNTY	Washington	MARYLAND	o. STATE Marvla	and b. COUNTY W	ashington
	WN (If outside corporate limits, give nearest town)	write c. LENGTH OF STAY IN 16		outside corporate limits, write RUR	
Willia	msport	44 yrs.	William	sport	
d. NAME OF I	HOSPITAL (If nat in hospital, give	e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		treet	27 Conocoo	cheague Stree	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month OF DEATH	Day Year
(Type or print)	Charles	Edmond	Mc Cauley	ARUK A	27 180
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		Onths Days Hours Min.
Male	.III CO	/IDOWED DIVORCED	April 8 188	84 76 yrs.	4 18
during most	of working life, even if retired)	10b. KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTR
Labo		Tannery	Maryla1		U.S.A
~	- 17 0 -		Laura S		
Dam	uel Mc Gaule ED EVER IN U. S. ARMED FORCE		INFORMANT		om oo oo k oo ee o
(Yes, no, or unknown)	(If yes, give wor or dates of servi	cel			onococheague
NO		215 09 7412 M	rs. Darah Ja	ane Mc Cauley	Williamspor
1B. CAUSE C	F DEATH [Enter only one cous	e per line far (a), (b), ond (c).]			INTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	Cerebral	arterioslce	posis	1 Vr
30	IMMEDIATE CAUSE (a)_				
C. Itt	24	Comomolitas		lama ada	5 Yrs.
	to immediate (b)_	Generalize	ed arteriosc	Ter0818	0 1100
cause (a), s	ating the under-				
lying cause	, (c)_				
PART VOILE VOILE VOICE VOI	I. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
U 20- ACCIO	NT WAS INDERIVING ST. 100	A DECCRISE HOW IN THE COURSE	FD (Fater and an after an in	Post Los Post II of item 10 1	IES [] NO [
OR CONTRIB	NT WAS UNDERLYING [] 20 UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER}	06. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture at injury in	rarr i or rorr ii or item ib.)	
	INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (Stot
Hour	10	Attille IAOI MILIE	octory, street, office bldg., etc	-)	
>	p. m. 19	ot wark ot work	1050	0 /05 /00	
		attended the deceased fram	195 8 19	ta 8/2//60	, 19, that (I) (we) lo
saw the d	eceased alive an $8/2$	5/60_19 and that	death accurred at6A	.M, fram the causes and	an the date stated above
220. SIGNAT		les r		ED STAFF	22b.DATE SIGN
ZZc. PHYSICI	W. A. A.	was	M.D. PHYS. D	IRECTOR PHYS.	
NAME (Shealy M. D.		urg, Md.	8/28/
23a. BURIAL, CRE		23c. NAME OF CEMERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)
Burial	Aug. 29	-60 Greenlawn	Cemetery	Williamsport	Maryland
	CTOR'S SIGNATURE	ADDRESS _/		D BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9707	CERTIFICA	TE OF DEATH	30	2 (13001
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Maryland	Washingt	ion: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUNTILLIAMSPORT	10 Yrs	c. CITY OR TOWN (If o		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or Institution Williamsport Sanitar		d. STREET ADDRESS 30 Rando	lph Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) BERTHA	Middle (NMN)	McCOY Lost	4. DATE MO OF DEATH August	2 1960 19
Female white wind	ARRIED NEVER MARRIED NOWED DIVORCED	January 1 1	9. AGE (In years lost birthdoy) 871 89 yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Seamstress 13. FATHER'S NAME	Love Dress Co		Wash Co Md	12. CITIZEN OF WHAT COUNTRY?
Archibald McCoy	1	Martha	Furry	dress
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) UT		te Mrs Mary	Ellen Webb	Hagerstown MAN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions. if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	General Co	The start	Clusis	15 /2
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER;	OESCRIBE HOW INJURY OCCURR			PERFORMED? YES NO 2
20c. TIME OF INJURY Month, Doy, Year 20c. Hour o. m.	H. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify that (I) (this hospital) attentions sow the deceased alive on. 220. SIGNATURE	/ 4	death accurred of	M, from the couses o	nd on the dote stated obove
22c. PHYSICIAN'S NAME (Type) $\sqrt{TR} = W$	D19509	22d. ADDRESS	ylan	mg 160
23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/5/60	Funkstown Co	emetery	23d. LOCATION (City, town, Hagerstown BY REGISTRAR 25b. REG	
Andrew K. Coffman Ha		DATANG	5 '60 an	ilm S. Kraus

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1. PL	ACE OF DEATH COUNTY		9/4/17			USUAL RESIDENCE (V a. STATE	Where decease	d lived. If institution	on: Residence bef	ore admis	sian)
		Washingto	n	MARYL	AND	Marv	and	D. COO!!!!	Wash	not	on
b.	CITY OR TOWN (RURAL and give n	If autside carporate limi	ts, write	c. LENGTH OF STAY	N 1b	CITY OR TOWN (II	f autside carpa	rate limits, write RI	JRAL and give no	parest law	m)
-		ncock		Life		Rural 1	Hanc	ock Mar	yland		
d.	NAME OF HOSPI	TAL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS	11		CONTRACTOR OF THE PARTY OF THE		STDENCE A FARM?
	OK 1113111011011	Home				Rural 1	Hanco	ck Md.			NO
	AME OF	Fir	st	Middle		Last	4. DATE	Man	th C	ay	Year
	(CEASED (pe or print)	На	zel	Rebecc	a I	AcCusker	OF DEATH	8	7:	2	19 60
S. SEX	x	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	R IF UND	
	ਜ	W.	WIDOW	The second second		ig.2.1903	3	last birthday) 57 yrs.	Manths Days	Haurs	Min.
10a. L	JSUAL OCCUPATION	ON (Give kind of work of	dane 10b.						12. CITIZEN C	OF WHAT	COUNTRY?
d		king life, even if retired				TT1-	37				
12 EA	Housew:	11.6			1	Hancock I. MOTHER'S MAIDEN	Maryl	and	U	S.A	•
3.17											
10 111	Char.			COCIAL CECURITY NO.	12 101505	Mollie	Bisho				
		R IN U. S. ARMED FOR (If yes, give wor or dales of s		SOCIAL SECURITY NO.	17. INFOR	MANI		Addr	ess		
	No			None	Rol	ert McCu	sker	Rural 1	Hanco	k M	d.
11	B. CAUSE OF DEA	ATH [Enter anly one ca	use per li	ne far (a) (b) and (c).]		0 1		1		TERVAL B	
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	(12)	100	I Low	mori	10 10		3	nus
	1564	DUE TO			V	1 XIV	V F I	and the		10	
	Canditians, if a			AL	10.	100	1001	pt 1	,)		
	gave rise to i	mmediate		WV	7	COAL	un	1,			
	cause (a), stating	the under-			10 ns	din 1	n Al	1111	DAIN		
	lying cause last.	, (c		CONTRIBUTION OF TO DEA	THENT	00-0		· CONTRIBUTION	enn	10 14/45	ALITOREV
CERTIFICATION	PART II. OI	HER SIGNIFICANT CON	באטוווט	ONIKIBUTING TO DEA	TH BOL NO	RELATED TO THE TER	WINAL DISEAS	E CONDITION GIV	EN IN PART I(d)	PERF	ORMED?
₫ _				1		1				YES [NO
E 2	0a. ACCIDENT W.	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury i	n Part I ar Par	t II af item 18.)			
	IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	Oc. TIME OF INJUI	RY Manth, Day, Yes	1		20e. PLACE	OF INJURY (Hame, fa street, affice bldg., e	20f. (City	ar tawn)	(Caunt)	1)	(State)
V ED	Haur a.m.	19	While at war	k at wark	Idelaty	street, dirice blug., e	No.				
		. W. W. 1 1.	1		. //	,0111.	Sin.	(1/1/17	5.6D	1 . (1)	. /
		at (1) (this hospital	arrend	100 1. 100		4.4.	9 44.10_	cong	1980		(we) last
	aw the decea	sed alive an	7554	1900 and	that deat	h accurred of	M, fram	the causes an	d on the dat		
	22a. SIGNATURE	an 1	1. 1	Mer	5-10	ATTENDING	MFD	STAFF		2.	2b. DATE SIGNED
	0	14/100	ru		M.D.	PHYS.	MED. DIRECTOR	PHYS.			
2	22c. PHYSICIAN'S NAME (Type)	1 M CHAF		7		22d. ADDRESS	1411	1 min	he	a	
		L M SHAF	EER N	MD		L	Jan		_,		
	BURIAL, CREMATIC		F	23c. NAME OF CEME	TERY OR	YACTEMEN	23d. LOCA	TION (City, tawn,	or county)	(Sto	ote)
-	REMOVAL (Specify Burial		60	Mt Olive	t Pre	sbyteria	n Pun	al Hanc	0012 18/00	hin	Md
24. FL	JNERAL DIRECTOR			ADDRESS	V 116		C'D BY REGIS		STRAR'S SIGNAT	URE	gron
1	La . m.	0 32 21.	0	4	0 1	DATE :	HG 1 7 '6	0			
1 /3 7	TOTAL WILL	a mental	7 84 1 7 mil	LIMARA	Les V	DAIL!	TILL / 'P	111	77 0 45		

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the safter death. Page 4 may be directly and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A1S (4) 1SM 9/S9

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to the Chief Medic DIRECTOR: Page

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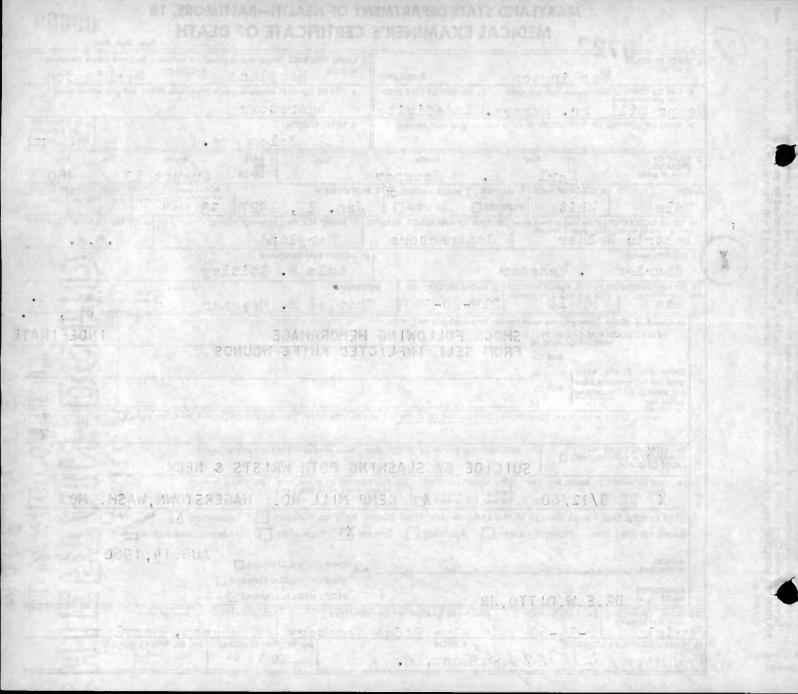
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cute WIO.

VS. A15ME(5)

5M 9/55

24 hours after



VS A15 (4) 1SM 9/S8

MARYLAND 968		ENT OF HEALT	H—BALTIMORE, 1 H	8 () 967() Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	CTATE	/here deceased lived. If institution b. COUNTY	on: Residence before admission) FREDERICK
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16 1 WEEK	c. CITY OR TOWN (IF FREDE)	outside corporote limits, write R	URAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS 122 WEST	THIRD ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LAURA First	BELLE MIC	HAEL Last	4. DATE MON DEATH AUGUST	_
S. SEX 6. COLOR OR RACE 7. MARR FEMALW WHITE WIDOWE		8/18/18'	9. AGE (In yeors lost bythday) 9. YA 9. AGE (In yeors yes.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDU HOME	MARYL	AND	12. CITIZEN OF WHAT COUNTRY
WILLIAM H. SHORB		MARY MIT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (fes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT RS. R. DEAN		EDERICK MD.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which) (b).	(Alexandre)	Ocelus	ion Start Su	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a.m. While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, for ctory, street, office bldg., el	rm, 20f. (City or town) tc.)	(County) (Stote
21. I certify that I attended the deceas alive an	and that death	M.D.	M, Fram the causes an ADDRESS (Street, city or town,	Reg
220. BURIAL CREMATION, 22b. DATE THEREOF 8/23/60	MT. OLIVI	ET CEM.	FREDERICK	MD.
23. FUNERAL PIRECTOR'S SIGNATURE /7	ages Sour	La V		STRAR'S SIGNATURE

SERI CATEGORIE OF DESTRE ATT THE BRANK THAN 651 ofter death. Page

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18-7 0				
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	M. Hard David See Committee			
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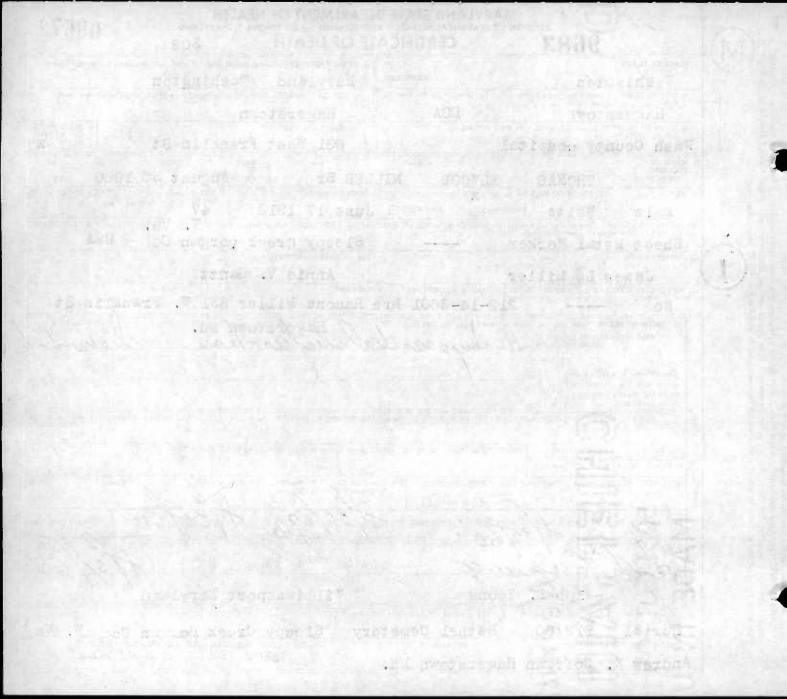
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09672

1. PLACE OF DEATH	ng ton	MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Washington
RURAL and giv	N (If outside corporate limits, write nearest town)	DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
OR INSTITUTE	SPITAL (If not in hospital, give stroom ty Hospital	eet oddress)	d. STREET ADDRESS 631 West Franklin St o. IS RESIDENCE ON A FARM? YES \(\text{NOT} \)
3. NAME OF DECEASED (Type or print)	THOMAS	ELWOOD M	ATLLER Sr 4. DATE Month Day Yeor OF DEATH August 30 1960 19
s. sex		ARRIED NEVER MARRIED	lost birthdoy) Months Days Hours Min.
Sheet 13. FATHER'S NAME Jan	Wetal Worker	40 40 40 40	Sleepy Creek worgan Co USA 14. MOTHER'S MAIDEN NAME Annie V. Gantt 17. INFORMANT Address
(Yes, no. or unknown)	(If yes, give war or dates of service)		Ars Ramona Miller 631 W. Franklin St
Conditions, gove rise t couse (o), stot lying couse I	if ony, which o immediate ing the <u>under-ost.</u> DUE TO (b) DUE TO (c)	is contributing to death	dial suffer to war Md. ONSET AND DEATH
□ OR CONTRIBUT	WAS UNDERLYING 206. [ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCI	PERFORMED? YES NO URRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF IN	NJURY Month, Doy, Year 20cm. Wh		e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street office bldg., etc.)
././	h F Gou		on 19
23a. BURAL, CREMI FEMOVAL (Spe BUTIA) 24. FUNERAL DIREC	cify) 9/2/60	23c. NAME OF CEMETE Bethel Ceme	etery Sleepy Creek Morgan Co W. Va
	K. Coffman He		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Circles & Kraus

TO HOSP VR A15 (4) 1SM 9/S9



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OF DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY				ARYLAND	2. USUAL RESI	DENCE (WI	iere decease	d lived. If institu b. COUNT		ence befor	re admis	ssion)
Was	hington					laryl	Appellia de la Tella	Millian		hing		
b. CITY OR TOWN (IIRURAL and give ne	outside corporate limi arest tawn)	ts, write	c. LENGTH OF S	TAY IN 16	AS. CITY OR T	TOWN (If o	outside corpo	orate limits, write	RURAL and	give nea	rest tow	/n)
Hagersto	wn		10 yr	S.	Hager	stow	n					
d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street	address)		d. STREET A							SIDENCE A FARM?
1924 Vir	ginia Ave				1924	Virg	inia	Ave.				NOX
3. NAME OF DECEASED	Fir	st		ddle	Las	t	4. DATE OF	Mo	onth	Da	У	Year
(Type or print)	Harry		Tilghma		Moats		DEATH	Aug.		14		1960
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MA	ARRIED 🔲	B. DATE OF BIRTI	Н		9. AGE (In year				DER 24 HRS
Male	White	WIDOW	ED X DIVO	RCED	Feb. 1	0 18	77	83 yr	. Months	3°ys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPL	ACE (State	ar fareign c	country)	12.CI	TIZEN OF	WHAT	COUNTRY
Labor	ing me, even it tented	0	rgan Co			Mary:	land		J	J.S.	A	
3. FATHER'S NAME			3		14. MOTHER'S							1,100
Harr	y Moats					Sugar	n Day	ris				
15. WAS DECEASED EVE			SOCIAL ŞECURITY	NO. 17. IN	FORMANT			4 Virgi	Idress	A		
(Yes, no or unknown)	If yes, give war or dates of s	ervice)	19 12 04	107 Ga	rdner I	loats		erstown		ryle		
	TH [Enter only one co	use per li	ne far (a) (b), and				1198	ers EOWI	- Ma			ETWEEN
	TH WAS CAUSED BY:	111	5 // 100	. A M	d-d	11/	1/2	A A	,	9NS	PT-ANT	DEATH
1170	IMMEDIATE CAUSE (a	Carlo and	· Well	10 UC	LYCEX	PXI	100	4091 04	1		00	RU
4-20,	DUE TO		/				/					/
Conditions, if a)										
cause (a), stating			/			//						
lying cause last.) (c					- 1/						
PART II. OTH	er significant con	DITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(a) 1	PERF	AUTOPSY ORMED? NO [
	S UNDERLYING [7]	20b. DES	CRIBE HOW INJUR	Y OCCURRE). (Enter nature a	f injury in	Part I or Pa	rt II of item 18.)			112	J 110 L
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			. Occount	. (Emai natore o				,			
ZOc. TIME OF INJUR	Y Month, Day, Ye	ar 20d. II	NJURY OCCURRED	20e. PLA	CE OF JUNIURY	Home, farm	20f. (Cit	y or town	/	(County)		(State
Hour a.m.	1.0	While	Not while_	fac	tory wreet, office	e bldg., etc	.)	0//	11.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
≥ p. m.		ar wor	k at work		477/	19		11/11	1		M	
21. I certify the	(I) (this hespital) attent	ed the decea	sed fram	-1210	19	00	1-1-4-1	(2, 19-	, H	iat (1)	(we) las
saw the deceas	ed alive on	77-1	0-(19	and that d	eath pocurre	1.31/1/	J. from	the causes of	and an/f	ne daté	state	d abave
22a. SIGNATURE	ONAT	MA	2/0//	X	ATTENDIN	G M	ED.	STAPF PHYS.	H	16	6	26.DATE
22c. PHYSICIAN'S NAME (Type)	Then pul	110	V	/	22d. ADDR			+	il	1/	1	1
	MATINI	10-1	OUND		1/1/	1141	7500	11/2/	141	1/4	1118	
23a. BURIAL, CREMATIO REMOVAL (Specify)	1/		- 1/		R CREMATORY		23d. LOCA	TION (City, town			(Sto	ote)
Burial		7-60	Manor	Ceme	tery		Near	Tilgh			d.	
24. FUNERAL DIRECTOR	SSIGNATURE	17	ADDRESS	. A	mo	25a. REC'		0	GISTRAR'S S			
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9723

	ACE OF DEATH COUNTY	ashington			MARYLAN		a. STATE	vla		l lived. If in b. CO		**		re odmiss	
CI.		(If outside corporate lin nearest tawn)		c. LENGTH	OF STAY IN		c. CITY OR TOV	NN (If a		rate limits, v	vrite RU				
d	NAME OF HOSP	ITAL (If nat in haspital,							e. IS RESII ON A					IDENCE FARM?	
D	AME OF ECEASED ype ar print)	Lilli	irst e	Ma	Middle		Mongan		4. DATE OF DEATH	Au	Manti	h	Da 6	1	Year 19 60
S. SE	x Temale	White	7. MARI	7.0	R MARRIED [DATE OF BIRTH	187	2	9. AGE (In last birth	years	Months 7	Days	Hours	Min.
I	USUAL OCCUPAT during most of wo 10USOW1 ATHER'S NAME	ION (Give kind af wark Irking life, even if retire 10	dane 10b. d)	Home		NDUSTR	Keedy 14. MOTHER'S MA	svi	lle N				.S.		OUNTRY
10.1		Jonas Jon	es						izabe	th L	onn				
1S. V (Yes,	VAS DECEASED EV	VER IN U. S. ARMED FO	RCES? 16.	None		Mrs	RMANT			1	OAddre	5.			c St
7	Canditions, if gove rise ta cause (a), stoting lying cause last	immediate g the <u>under-</u> DUE T	(c)	y pro	201	13/	1		nok	Ph.	90	<i>P</i>)	5	VE.	AN
CATION	PART II. O	THER SIGNIFICANT CO	NDITIONS	CONTRIBUTIN	G TO DEATH	BUT N	OT RELATED TO TH	HETERMI	NAL DISEASI	ECONDITIO	ON GIVE	EN IN PA	RT 1(a) 1	PERFC	RMED?
CERTIF	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW I	NJURY OCCI	URRED.	Enter nature of in	njury in f	Part I ar Port	t II of item	18.)				
MEDICAL	20c. TIME OF INJU Hour a. m p. m	. 10	ear 20d. I While at war		ile		E OF INJURY (Hai ry, street, office bl			ar tawn)			(County)		(State
		nat (I) (this hospite	1201	/	B		ATTENDING	MI		the cous				stoted	l above b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	HIVAM	BI	Zem	Spee	K	22d. ADDRESS	16	Me.	rde	1	2n	11)		WI
73	BURIAL, CREMATI REMOVAL (Specif Urial	Aug. 8	1960		OF CEMETER V1 eW		rematory emetery			rpabi		20	-	nd (Star	te)
24. F	UNERAL DIRECTO	R'S SIGNATURE	001	ADDRE	SS /		11-	Sa. REC'	D BY REGIST	RAR 25b		TRAR'S S			

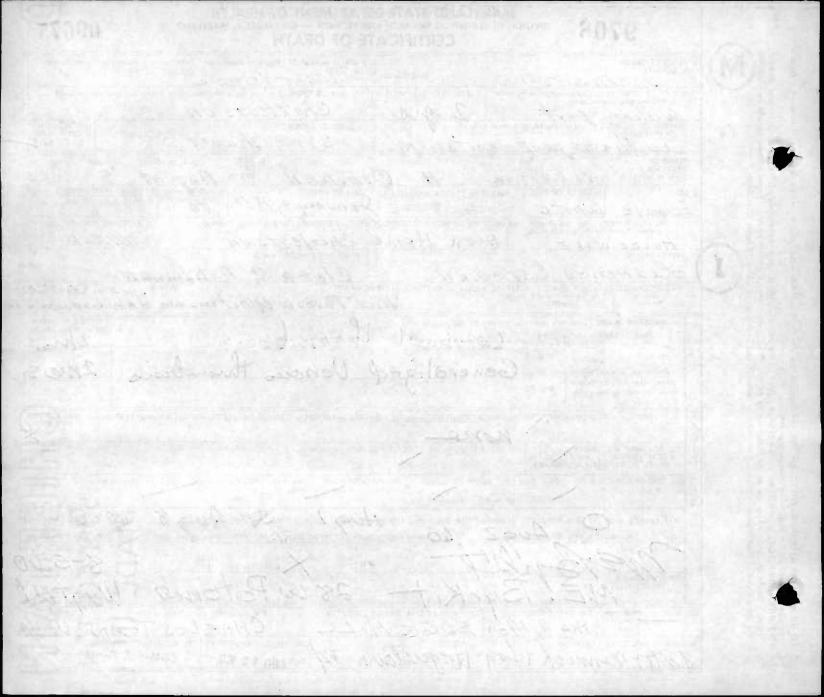
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	W. C. L. S.		

VR A15 (4) 15M 9/59

9708

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest town)		
1	d. NAME OF HOSPITAL (If not in hospital, give street oddr	Lys	dharlestown d. STREET ADDRESS	e, is residence		
	OR INSTITUTION	1.	3005, Church St	ON A FARM? YES NO		
1	3. NAME OF First	Middle	Lost 4. DATE Month	Day Yeor		
	(Type or print) ViRginia	H. O	ShouRN DEATH August	5 1960		
	5. SEX 6. COLOR OF RACE 7. MARRIED WIDOWED &		B. DATE OF BIRTH Sanuary 4, 1880 9. AGE (In years lost birthdoy) Mon Yrs.	NDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min.		
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF WHAT COUNTRY?		
N	HOUSE WIFE OU	on Home	- Charlestown	W.S.A.		
	13. FATHER'S NAME	0.44	14. MOTHER'S MAIDEN NAME	,		
1	Taurence Osbourn Clara C, Ashbaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 200 S					
	(Yes, no, or unknown) (If yes, give war or dates of service)	m	rs. Paxson Whitmore C			
	18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), ond (c).]	+1. 1-	INTERVAL BETWEEN ONSET AND DEATH		
	347	reprol	1 Wondos, 5	2.krs		
	Conditions, if ony, which	م حدد المرب	O Mana Handa	2000		
	gove rise to immediate	eralized	VERIOUS IMMURSO	3 21/00 3		
	lying couse lost.					
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	3 no	20_		YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)			
MFDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJUI Hour o. m. 19 While of work	Not while for	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stote)		
	21. 1 certify that (1) this haspital) attended the deceased fram 1933.1a Hug T., 1960, that (1) (we) last					
	saw the deceased alive an HUSL	19.60 and that c	death occurred at 2 p.M., from the cayses and ar			
	Man br	0	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE		
	22c. PH/SKIAN'S NAME (Type)	11.1	22d. ADDRESS	11: /		
	ME: 1341	Kit	28 W POTOME	Wysa Ma		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify) Aug 9, 1960	EDGE 6	R CREMATORY 23d, LOCATION (City, town, or cou	own W. VA		
	24. FUNERAL DIRECTOR'S SIGNATURE	Hagestre	DATE ANG 12'60 CANDON	S. HILLIA		
l.	apart u l localitation	1 2010	The Court of the C			



VS A15 (4) 15M 9/5B

F

Scott

09676

3085	CERTIFICA	AIE OF DEATH			Reg. Dist. No	
		2. USUAL RESIDENCE (WI	here deceased		n: Residence befo	re odmission)
gton	MARYLAND	o. STATE Md.		b. COUNTY	Washin	gton
outside corporate limits, writ-	e c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corpore	ote limits, write RI	JRAL ond give ne	arest town)
zerstown	2 days	X Washingt	an / Col	untv/Ho	enitole	mithshur
AL (If not in hospital, give stre		d. STREET ADDRESS	77/14	77777777	201444	e. IS RESIDENCE
on County H	Mospital	Hagerstow	n / Md/	/		ON A FARM? YES NO
First	Middle	Last	4. DATE	Mont	h Do	Year Year
John	Samuel	Portner	OF DEATH			19 60
	ARRIED NEVER MARRIED	B. DATE OF BIRTH	1	Aug Auge (In years		IF UNDER 24 HRS.
	OWED DIVORCED		60	lost birthdoy) yrs.	Months Days	Hours Min.
THE CO.	06. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote			12. CITIZEN O	F WHAT COUNTRY?
ing life, even if retired)		100				
	None	MaryL				
Portner	16. SOCIAL SECURITY NO.	Peggy Sto	ttlem	yer Addr	444	
f yes, give war or dates of service)						
		rry E. Port	ner, I	R. D.1	Smithsh	
TH [Enter only one couse per	r line for (a), (b), and (c)				INT	SET AND DEATH
TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Maricase	0				
DUE TO	P + 1					
y, which) (b)	Menderit	4				
he under- DUE TO						
(c)						
ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
						YES NO
S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B.)		
MEDICAL EXAMINER)						
	fo.	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		or town)	(County)	(Stote)
19 Wh	ile Not while work of twark	ciory, street, office diag., etc	**)			
at) attended the dece	aced from 8 4	1960, to	8/6	1 10/0	hat I last say	w the deceased
16/69		accurred at	P. I.			
11/1	, and mar dealr	accurred dis		ne causes and		DATE SIGNED
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11100000	7	M.D	4 SV	register	seems be	77
M. BACO	ni LIP		0	0		
22b. DATE THEREOF	9/1		mt locati	ONL (C't		
	22c. NAME OF CEMETERY C			ON (City, town, o	r county)	(Stote)
Aug. 7,	ADDRESS	TTEA CEWET	Smit	nsburg,	MC	lpc.
					TRAR'S SIGNATU	
unnien & Sc	on Smithsburg	. MICI . DATE A	116 4 '6	0 0	11.0 8 9	4

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	Hagerstown, pe.	Lorland	gron county B	Edg S
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09677

o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE OF STATE MD	E (Where deceased I	I COLLLITY	m: Residence before WASH.	ore odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 15	c. CITY OR TOWN	N (If outside corporol			earest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASHINGTON CO. HOSPITAL		d. STREET ADDR	LOCUST ST			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) ALBERT D.	Middle POWELL	Lost SR.	4. DATE OF DEATH	Mont	h D	19 60
S. SEX MALE 6. COLOR OR RACE WHITE WIDOWED	DIVORCED _	JAN 26, 18		AGE (In yeors last by thday) yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done of during most of warking life, even if retired) W.M.I		STRY 11. BIRTHPLACE MARYL		ntry)	U.S.	F WHAT COUNTRY?
13. FATHER'S NAME WILLIAM POWELL		14. MOTHER'S MAI	E GROVE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service) 705-/		JERT D. PO	WELL JR.	22I SUM		HAGER TOW
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	ander	NOT RELATED TO THE	ercose TERMINAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etes OW INJURY OCCURRE	D. (Enter nature of inju	ury in Part I or Part I	l af item 18.)		PERFORMED? YES NO
		ACE OF INJURY (Home ctory, street, office bld		r town)	(Caunty	r) (State)
21. I certify that (I) (this haspital) attended the saw the deceased alive an July 19 1 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Rober TV. L. Ca	960, and that a	death accurred at M.D. PHYS. 22d. ADDRESS 1 22d. ADDRESS	19.78, ta ¥ 2.7M, fram the DIRECTOR □	or causes and		that (I) (we) last the stated abave. 20b. DATE SIGNED
PEMOVAL (Specify)	ROSE HILL	DR CREMATORY		ON (City, town, o		(State)
24. FUNERAL DIRECTOR'S SIGNATURE FRED W. KRAISS HAGERSTOWN, M.	DDRESS D •		REC'D BY REGISTRATE 1 0 '60		STRAR'S SIGNATI	

VR A1S (4) 15M 9/S9

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rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

9682 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09678

1.	o. COUNTY Was	shington		MARYLAND	2. USUAL RES o. STATE	Maryl:		lived. If institutio b. COUNTY		before admiss	
	b. CITY OR TOWN (IF RURAL ond give neo Hagerstown	outside corporote limits, rest town)	write c. LENGTH	OF STAY IN 16	C. CITY OR	TOWN (If ou Hagen		ote limits, write RU	IRAL ond give	nearest town	n)
	d. NAME OF HOSPITA OR INSTITUTION Washing	L (If not in hospital, give ton County			d. STREET 847 R	address olling	Road				FARM?
3.	NAME OF DECEASED (Type or print)	First THELMA	L	Middle ORENA	PURDH	Contract to the contract of	4. DATE OF DEATH	August	h	/	Yeor 1960
	Female	6. COLOR OR RACE	MARRIED NEV	ZER MARRIED DIVORCED	B. DATE OF BIRT		1902	lost birthdoy) 57 yrs.	Months Do	-	Min.
100	during most of working Housewife	(Give kind of work do ng life, even if retired)	ne 10b. KIND OF BI	USINESS OR INDU		y, Vir		intry)		S.A.	OUNTRY?
13.	FATHER'S NAME Walter	R. Miller			14. MOTHER'S	Louis	e Youn	ıg			
(Ye	WAS DECEASED EVER us, no, or unknown) (If	IN U. S. ARMED FORCE yes, give war or dates of sen			rs. Jose	phine	Coss	Hagersto		ryland	1
	Conditions, if ony gove rise to im couse (o), stoting the lying couse lost.	mediote DUE TO	art	eliose viose	lereb	is (dy dres	bral.		9 day	<u>-</u>
CERTIFICATION	PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	R SIGNIFICANT CONDI	TIONS CONTRIBUTIONS Ob. DESCRIBE HOW FILE	itus	: Obe	situ	De	vell	in part 10	e Lifes	AU OFSY NO INO I
MEDICAL	20c. TIME OF INJURY Hour o. m. 5 p. m.		20d. INJURY OCC While Not w of work of wor	hile fo	ACE OF INJURY ctory, street, office	(Home, form, e bldg., etc.)	70f. (Ciff	Hegerst	allh	Ubsh	(Stote)
	21. I certify that saw the decease 220. SIGNATURE	(I) (this haspital)		eceased fram.			Palla t	he causes and			
	22c. PHYSICIAN'S	Kerent	17. la	udle	ATTENDIN PHYS. 22d. ADDR	☐ DIR	D. ECTOR 🗆	STAFF PHYS.	8-3	8-60	SIGNED
230	BURIAL, CREMATION		23c. NAM	E OF CEMETERY C	R CREMATORY		23d. LOCATIO	St., Hage		(Stot	
	Burial (Specify) FUNERAL DIRECTOR'S INTER - ROU	zer Funeral	ADDR	se Hill C ess gerstown,			Hage 1 BY REGISTR		TRAR'S SIGN	Mary ATURE	Land

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09679

	CERTIFICATE OF DEATH
director filed with	1. PLACE OF DEATH o. COUNTY Washington Washington Washington Washington Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
uneral de la pe	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1b Lagerstown
by the	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Washington County Hospital d. STREET ADDRESS on A FARM? YES NO TO
Illed in S 1 and Th.	3. NAME OF DECEASED (Type or print) MARGIE ALICE RAFFENSBERGER AUGUST 17 19 60
s. Page fier dea	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years left under 14 HRS left birthday) 74 yrs. 1886 74 yrs. 74 yrs. 74 yrs. 75 yrs. 75 yrs. 75 yrs. 76 yrs. 76 yrs. 76 yrs. 76 yrs. 77 yrs. 77 yrs. 77 yrs. 78 yrs.
n paper haurs a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland U.S.A.
arbo n 72	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicio ve o	/ William Stotelmyer Mary J. Bowie
phy ema	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
se re	no none Mrs. Robert Cashman Hagerstown, Md.
the attend Then plea and in any	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
gned by permit. emavol, o	Conditions, if any, which gove rise to immediate cause (a), stoting the under-
een si ransit 1, ar r	Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOSY
has b rial-tr natiar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOESY PERFORMED YES NO
the bu	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his cert use as ta buri	20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work at work.
After thed for hed for h prior	21. 1 certify that (I) (this haspital) attended the deceased fram Quy S 1960, ta Quy 6, 1960 that (I) (we) lass saw the deceased alive on Quy 16 1960, and that death coursed at 30 M from the causes and on the date stated above
detocl Healt	220. SIGNATURE ATTENDING MED STAFF SIGNET
AL DIREC	M.D. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRE
FUNERA age 3 sh e State E	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 3d. LOCATION (City, town, or county) (Stote)
o Fun	Burial (Specify) 8/20/1960 Rose Hill Cemetery Hagerstown, Maryland
15 (4) 9/59	24 SUNERAL DIRECTOR'S SIGNATURE Home ADDRESS W. Granble, Forger Hagerstown, Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE AUG 2 3 '60 Carthy & Hagerstown

· (Imperial Call Espera Car Troll - 1941)

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o. COUNTY

Hour o. m

PLACE OF DEATH

MARYLAND	2. USUAL RESIDE

NCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND WASHINGTON

WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) BIG SPRING

HAGERSTOWN DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS

OR INSTITUTION

ON A FARM? YES INO WASHINGTON COUNTY NONE NAME OF First Middle 4. DATE Lost Yeor Month Day DECEASED

OF DEATH MARTTN SHOEMAKER AUGUST (Type or print) 19 60 JOHN 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months 19,1871 MALE WIDOWED 177 DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A.

FARMING MILLSTONE FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

SHOEMAKER SUZANNE WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO HAGERSTOWN OSCAR B. SHOEMAKER NONE NO

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN 2 hrs. PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) DUE TO 7/4/56

Carcinoma Prostate gove rise to immediate DUE TO couse (o), stoting the under-

lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?

factory, street, office bldg., etc.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED

While Not while of work of work 21. I certify that (I) (this hospital) attended the deceased fram. 7/4/56 8/25/60 . 19 60, that (1) (we) lost . .ta

, and that death occurred of 7:55P And the couses and on the date stated above. saw the deceased alive on 22o. SIGNATUR 22b, DATE SIGNED MED. STAFF PHYS.

M.D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

Warden, M. D. 832 Potomac Ave. . Hagerstown, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL, CREMATION.

REMOVAL (Specify) RHRTA

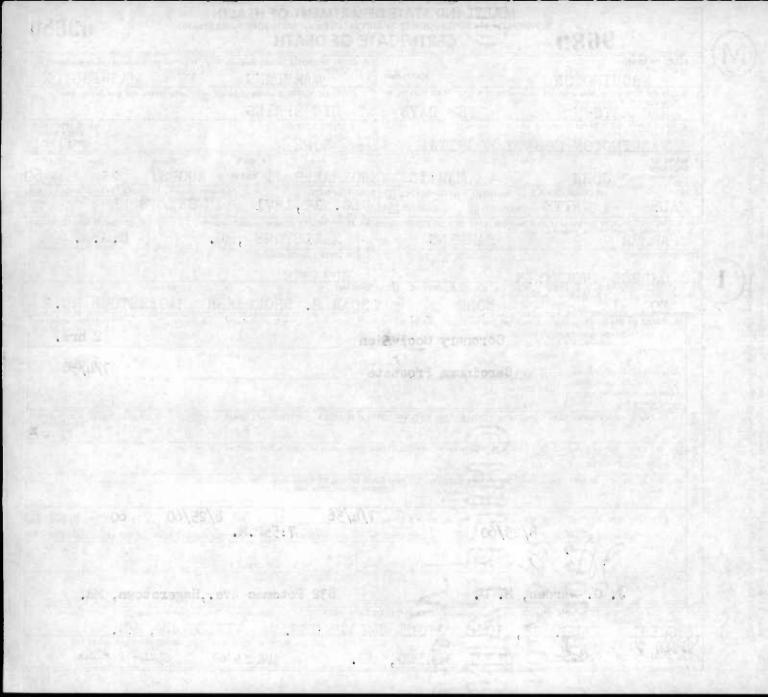
256. REGISTRAR'S SIGNATURE ADDRESS UNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR arthur S. Kraus DATE AUG 2 9 '60 CLEAR SPRING.

rs after death. Page funeral pe should 22 and filled Pages 1 death. campletely after papers. that the death certificate be executed haurs oud carban 72 physician remave attending please by permit. gned te has been signification physician. ar attending certificate dis After this 0 detached far Health DIRECTOR: pe of o Board shauld FUNERAL m page the Sta 10

with directar

filed

VR A15 (4) 1SM 9/59



Name and Address of the Owner, where		-
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/	,	,
-	-	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09681

9794 Rea. Dist. No. PLACE OF DEATH
o. COUNTY
Washington 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro R # Boonsboro R # 24 Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bakersville - Fairplay Rd YES TE NO Rakersville - Fairplay Rd 3. NAME OF Middle DATE Year DECEASED (Type or print) DEATH JOSEPHINE ELIZABETH SKEL TON 19 August 19 1960 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Female White April 16 55 WIDOWED K DIVORCED T 1905 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Bakersville Wash Co Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maggie Gaylor John Sisler IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Mrs Mary J. Thomas Boonsboro R None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN Bakersville - Fairplay Rd PART I. DEATH WAS CAUSED BY: Gunshot Wound Involving Entire Face & Head Instant IMMEDIATE CAUSE (o) DUE TO Self Inflicted Canditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient shot herself with shotgun 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 19 60 of work of work Roonshoro R#1 Washington 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection x, Inquiry , and find that death resulted fram: Natural causes . Accident Suicide x, Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 8-20-60 **EXAMINER'S** NAME (Type) E. W. Ditto. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 8/21/60 Lutheren Cemetery Bakersville Wash Co Md Buria

24a. REC'D BY REGISTRAR

DATE

AUG 23 '60

24b. REGISTRAR'S SIGNATURE

Cirilmy S. Krous

ADDRESS

VS. A15ME(5) 5M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Coffman Hagerstown Md.

A RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PROPERTY LANDING BY LINE FOR THE STOP to the court of the part is the contract of the court of A MANAGEMENT OF THE PROPERTY O rs after death. Page 4 may be ____ned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 boars after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9690

09682

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. STREET ADDRESS 220 Frederick Street e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
SLICK 4. DATE Month Day Year OF DEATH August 5 1960
B. DATE OF BIRTH April 11, 1895 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Months Days Hours Min. Months Months Days Min. Months Months Days Months Mont
U-S.A. 11. BIRTHPLACE (Stote or foreign country) Wolfsville, Maryland 14. MOTHER'S MAIDEN NAME
Salie Ramsburg
INFORMANT Address
Mr. William H. Slick Hagerstown, Md.
INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH SEU. MOUR
Doroki C. V. D. sev. your
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ED. (Enter nature of injury in Port I ar Part II af item 18.)
PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) actory, street, office bldg., etc.)
7/28/59 , 19 , to 8/5/60 , 19 , that (1) (we) last death accurred at 2AM, from the causes and an the date stated abave.
M.D. PHYS. ☐ MED. STAFF SIGNED 8/5/6
22d. ADDRESS 136 North Potomac Street Hagerstown, Maryland
OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
emetery Hagerstown, Maryland
Md. DATE AUG 11 '60 25b. REGISTRAR'S SIGNATURE Cultury S. Kraus

Michigan Number 220 Frederick Lanes Care Lanes Shept of Real Attention (Market) tendo a finitation de la companya del companya de la companya del companya de la waste (allimated - BLIFFIE Party . Margall . The a sum test obtain .bis a more man a chica de contra de the property of the paper of the Mark 19 to 200 \$ 191 The state of the s We fit page to the contract of and developed decided - 7850.

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K	20	P	AL	ol.
TO DEPLIY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary, please exe		9	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial crematian	ar remayal.
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
please exe- 4 shauld be crematian,		9691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 302
avia mat		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
essary, please Page 4 shaul burial crema	M)	Washington MARYLAND Pennsylvania West Moreland
Page burial		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Po Po		Hagerstown 10 Hrs Latrobe
r to	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC
rect es. prid	NO	Washington County Hospital Route #3
, D		3. NAME OF First Middle Lost A DATE Month Day You
y d		DECEASED
f any far y e reg		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in your IFUNDER 14 AR IF UNDER 24 HR
the the		lost birthday) Months Days Hours Min.
at to air		mate 11111 24, 1930 8 / 1930
de de set set set set set set set set set se	1	during most of working life, even if retired)
be ond		Hagerstown Wash Co Md USA
nay may		13. FATHER'S NAME
0 20 0	11.	Eugene Elmer Smith Evelyn Regina Hull
e Poges Page 5 ile page	-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Vex. no. or winnown) 1 (ff yes, pile wor or doles of service)
-= > L		Eugene Smith, Route #3, Latrobe, Pa
S. Gi PM3.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
orm 18		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Shock
far far sit	Tilgrayo	PUETO Fracture Pelvis
in lin l	V	Conditions, if ony, which) (b) Fracture Left, Femur
d b		gove rise to immediate couse
pen		(o), stoting the underlying out to cerebral concussion couse lost.
S 6 5 5		
ing. Offi	1	PERFORMED?
indi rs r	U	YES NO
pe ine		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
This	21	Fallent Struck by auto when he ran out on public road.
NER: Sol E we	0	20c. TIME OF INJURY Month, Day, Yeor About Moure County Month, Day, Yeor While Not while Street, office bldg., etc.) 20c. TIME OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote)
==== 0		> 5://5 P. W. 0-20- '00 P. Wall of war Kawalnut Point Road Hagerstown, Washington, Maryla
writing the	300	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and find the
AL EX	0.85%	death resulted from: Notural causes, Accident X_, Suicide, Hamicide, Undetermined cause
		ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER D
AL D		ASSISTANT MEDICAL EXAMINER 8-22-60
cute forwarded o FUNERAL	X D	EXAMINER'S NAME (Type) Dr. E. W. Ditto. Jr. DEPUTY MEDICAL EXAMINER
O E	5	220, BURIAL CREMATION, 12th, DATE THEREOF 12c, NAME OF CEMETERY OR CREMATORY 12th LOCATION (City town or county) (Seeda)
cute farw	ō	REMOVAL (Specify)
Jee Jee		Burial 8/23/60 Shanktown, Cemetery Shanktown Wash Co Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7240. REC'D 87 REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME(5)	Aug 2 4 '60 Samma & France
5M 9/55		Andrew K. Coffman, Hagerstown, Md DATE AUG 24

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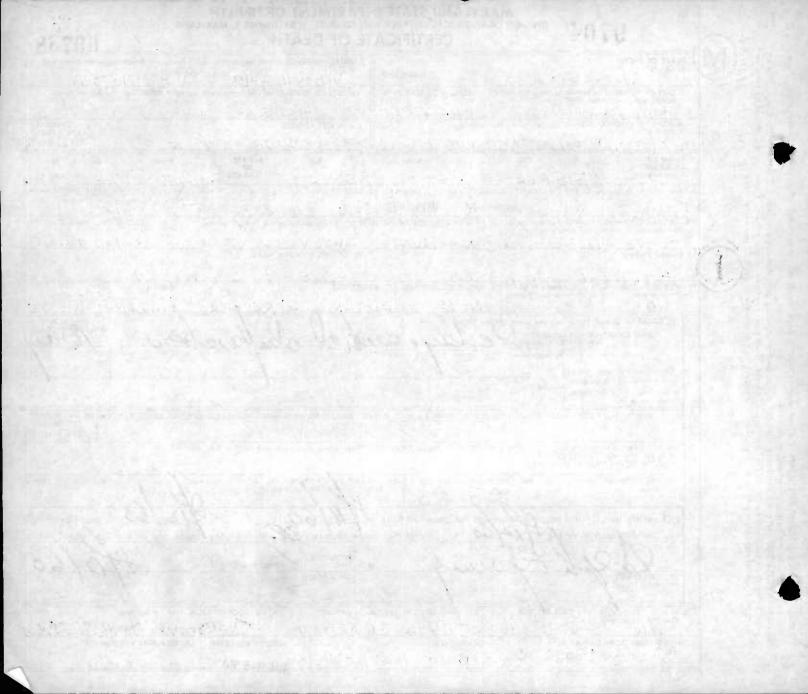
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9704

IFICATE OF DEA	TH	0.0020
HIGHTIE OF PER		0.973

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A	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	a. STATE	eceased lived. If institution: Residence before b. COUNTY	ore admission)					
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give ne						
	HALF WAY.	UNE WEEK	03 HAGER	STOWN	N VIII SEE					
	d. NAME OF HOSPITAL (If hot in hospital, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
)	MARTIN MANGE NUIS	SING HOIVE	17 C-LENSIDE	AVENGE	YES NO					
	3. NAME OF First DECEASED	Middle)F	oy Yeor					
	(Type or print)	MAY SP	NECTRIC	PEATH AUGUST - 12 -	1960					
		2 d	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Days	R IF UNDER 24 HRS. Hours Min.					
-	FEMALE WITH WIDOWED	_	APRIL -24-1872	8 87 yrs. 3 18						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or for	eign country) 12. CITIZEN O	F WHAT COUNTRY?					
	13. FATHER'S NAME	WN HOME	WALNUT POL	NT WASH GO - MD	· Clas. A					
1	13. PATHER'S NAME		14. MOTHER'S MAIDEN NAME							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	ZSH	FORMANT V	BUCHANON						
	(Yes, no. or unknown) (If yes, give war or dates of service)	N 6 - 4 6	PORMAN!	17 Address 17 GLENSIDE	AVE					
		NONE E	CAR STRE	# /	OWN MD					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:									
	IMMEDIATE CAUSE (o)	IMMEDIATE CAUSE (0) CC my caryer desperond large								
	700.	420. DUE TO								
	Conditions, if any, which gove rise to immediate (b)	U								
	cause (a), stoting the under-									
	(0)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
)	PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED? YES NO					
	20a, ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRED). (Enter nature of injury in Port I	or Port II of item 18.)						
	Hour a.m. While	JURY OCCURRED Not while ot work 20e. PLA fact	CE OF INVERY (Home, form, tory, street, office bldg., etc.)	(County)	(State)					
		7	Mulco	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1						
	21. I certify that (I) (this haspital) attende			- / / - /	nat (I) (we) last					
	saw the declased alive on 11-12-	<u>9_19, and that de</u>	eath accorred a M. f	from the causes and an the date	stated abave.					
	CONFE ON	0	A.D. PHYS. MED.	OR STAFF	SIGNED					
1	22c. PHYSICHAN'S	my "	A.D. PHYS. DIRECTO	IK PHTS.	400					
	NAME (Type)									
۱	23a. BURIAL, CREMA ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY 23d.	LOCATION (City, town, or county)	(Stote)					
	TOURIAL AUG. 15. 1960	ST. DAMLS OR	ENCETERY H	MERSTAINN MOR	46 WEST					
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY R	REGISTRAR 25b. REGISTRAR'S SIGNATU	IRE					
)	Jalu & Dast BOOM	5130120 MAR	YLAND DATE 18	8 '60 aug 8 tr						
			11510	of Children of Totals	A					



or removal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09684 Page Dist No

	· · · · · · · · · · · · · · · · · · ·										
1. PLACE OF DEATH	hington			11	2. USUAL RESIDENCE (sed lived. If institu	v			
	If outside corporate limits, writ	e PIIPAI	c. LENGTH OF STAY II		c. CITY OR TOWN (yland		wası	ningto		
Hagersto	n	U NUNAL	2 years	10	01			KUKAL ONG	dive pegra	u rownj	
		If not in h	ospital, give street address		d. STREET ADDRESS	erstow	11		le.	IS RESIDENCE	
	ton County				27 Red 0a	ak Dri	ve			ON A FARM?	
3. NAME OF	Fir		Middle		Lost	4. DATE	Mont	h	Day	Year	
(Type or print)		GUST	KARL		STENZEL	OF DEATH	August		24	19 60	
5. SEX			RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER 1		JNDER 24 HRS.	
Male	White	WIDOW	ED DIVORCED	J	anuary 27,	1912	148 yrs.	Months D	Days Ho	urs Min.	
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WI	HAT COUNTRY	
Lutheran Mi					St. Louis	s, Mis	souri	U.	S.A.		
13. FATHER'S NAME		75		1	4. MOTHER'S MAIDEN	NAME					
Augu	st A. Sten:	zel			Matilda .	Johann	igmeier				
15. WAS DECEASED EN	/ER IN U. S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17. INF	DRMANT		Address			-	
no			492-03-0932	Mrs	• Dora Ster	nzel	Hager	stown,	Mar	yland	
	ATH [Enter only one can	use per line	for (o), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH		
PARI I. DEA	TH WAS CAUSED BY:	Cor	onary Athero nary Occlusi	scle	rosis				Indefinite		
170	DUE TO	Coro	nary Occlusi	on O	ld & Recent						
Canditions, if a		Myoc	ardial Infar	ctio	n Old & Rec	ent					
(a), stating the	underlying DUE TO	Canal	i a a Uluma a sada sa a	an hour					100		
couse lost.			iac Hypertro		BELLIED TO THE TEN	Albiai Bictae	E CONDITION OR	(Falle) BART	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	AC ALIBOREA	
PART II. OT	TIER STOTATIONAL COL	DINOIN'S C	CHIRDONIA TO DEATH	BUT NO.	KELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PARI	YES -	RFORMED?	
20g. EXTERNAL CA	USE WAS 20	b. DESCRI	BE HOW INJURY OCCURR	ED. (Ente	r noture of injury in Po	rt I or Port II	of item 18)		1153]	D WOLL	
200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	INTRIBUTING						or right ro.,				
3 20c. TIME OF INJU	IRY Month, Day, Yes	or 20d.	INJURY OCCURRED 20e	- PLACE	OF INJURY (Home, for	m, 20f. (City	y or town)	(Coun	ity)	(Slote)	
20c. TIME OF INJU		Whi of w	le Nat while ork of wark	factory	street, office bldg., etc)					
			remains described	abave	, held an Autap	sy E. I	nspection ,	Inquiry	□ ar	nd find tha	
			X, Accident ,			-	· ·			ia iiia iiia	
	85	1	0 4								
ACTUAL SIGNATURE	Me-Cle	1/	Cello	2 ,	CHIEF MEDICAL E	XAMINER [DA	TE SIGNED	
	7	- 144			ASSISTANT MEDIC	CAL EXAMINE	R 🔲				
EXAMINER'S NAME (Type)	Dr. F. W. I	litta	Jr.		DEPUTY MEDICAL	EXAMINER	8 –8	24-60			
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC)F	22c. NAME OF CEMETER				TION (City, town,	or county)	((State)	
Burial	8/29/19			y Lu	teran Cem.	St.		Marine	Misso	ouri	
23 FUNERAL DIRECTOR	rs signature buzer Funera	al Ho	ADDRESS			D BY REGIST		STRAR'S SIGN	NATURE		
R. Fanklin	Perma		Hagerstow	n. M	de DATE	AUG 2 6	'60	7 -1 - 0	4 .		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTI

FARCH AND RECORDS — BALTIMORE 1, MARYLAND	09685
FICATE OF DEATH	00000

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Transblux
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY/OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A HOSPITAL (If not in hospital, give street address) OR INSTITUTION A HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS d. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
3. NAME OF DECEASED (Type or print) Savid Frenkl	lin Stones 4. DATE OF Month Day Year 1960
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct 21, 1879 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS. North 1979 North 21, 1879
10a. USUAL OCCUPATION (Give kind of work done during monor working life, even if (httired)	Tayetti The Penne U. J. a.
13. FATHER'S NAME Stone:	Harah Zentinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dates of service) 205-09-0417	Anos D. Wenger P.a. I
18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	clustic Heart Dis. Interval Setween onset and Death of the 2 yrs
gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c)	The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO 17
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. 1 certify that (1) (this haspital) attended the deceased frames as the deceased alive are productionally and that a	
22c. PHYSICIAN'S 12	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. P
NAME (Type) David K. Brewey	- 22d ADDRESS Cloude Fring Med
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY &	Grave (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CALLAND S. KLAUS

Washington - Tonna Comme Transaction the state of the same of the s The state of the s AND THE RESERVE OF THE PROPERTY OF THE PROPERT and the first of the second second second second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09686

			CEICII	IIGAIL	01 01/111				
1.	PLACE OF DEATH	11/2 chine t	MAR	2. I	STATE	here deceased live	b. COUNTY	Residence bel	fore admission)
	b. CITY OR TOWN (If outside corporate mits, earest town)	0		:. CITY OR TOWN (IF	outside corporate	limits, write RUR	AL and give n	earest town)
	d. NAME OF HOSPI	Top (If not in haspital, give	2 WK.	5	d. STREET ADDRESS	enca st	le,	4	e. IS RESIDENCE
	OR INSTITUTION	shington (o. Hospit	al	1 Sout	h Carl	isle s	+	YES NO
	NAME OF DECEASED (Type or print)	Beul	ah V.	57	um bauah	4. DATE OF DEATH	Acar	st	Day Year
5.	Est. D	1.11.1	MARRIED NEVER MARR		TE OF BIRTH			Months Days	Hours Min.
10a	. USUAL OCCUPATI during most of wor	ON (Give kind of work dor king life, every if retired)	ne 10b. KIND OF BUSINESS	, 9	1). BIRTHPLACE (STON	e or fareign countr	-	12. CITIZEN	OF WHAT COUNTRY
13.	FATHER'S NAME	us fe	House Gon		MOTHER'S MAIDEN	NAME			314
	WAS DECEASED EVI	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	57 16. SOCIAL SECURITY N	O. 17 JUNFOR	MANT W. Ste	hus	a her	. 64-3	for Ke
		ATH [Enter only one couse ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c	none.	cetour	0		IN Or	TERVAL BETWEEN NSET AND DEATH
conditions, if any, which) the Mixed Coll tumor of Poroted									14R,
	gave rise to cause (o), stoting lying couse lost.	the under-			0		Hy E		
CATION	PART II. OT	HER SIGNIFICANT CONDIT	TIONS <u>CONTRIBUTING TO D</u>	EATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED. (Er	ter nature af injury ir	Port I ar Port II o	of item 18.)		
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not while of work of work		DF INJURY (Hame, far street, affice bldg., e		own)	(County	y) (Stote
		at (I) (this haspital) a	attended the decease		accurred at	M fram the	Survey and		that (I) (we) las
À	22a. SIGNATURE	H. 12/12	200	M.D.	ATTENDING	AED S	TAFF HYS.	(/15/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	JIRECTOR LL	/	77-70	
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CE	METER OR CRI	MOTORY	23d. LOCATION	I (City, town, or	caunty)	(Slove)
24.	FUNERAL DIRECTO	ys signature	ADDIESS	MILL	tsa. REC	D BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
97	stantel.	M. Zemmen	on fleene	astq,	DATE	AUG 17'60	a a	Elmy 8. H	haus

may be the form of completely filled may be the other officers. From the horse of the filled to page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remayal, TO HOSP VR A15 (4) 15M 9/59

I in by the funeral director, and 2 shauld be filed with

and in any event, within 72 haurs after death

rs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

tener service field ALL THE STATE OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0	9	6	8	7	
		-		-	

	CERTIFICATE OF DEATH										
M)	1. PLACE OF DEATH a. COUNTY WASHINI CTOX 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY WASHINI CTOX										
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn)										
IP	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IN NO IR										
0 11	3. NAME OF DECEASED STATE HOSPITAL PONIS 120 TO VID. 18 2. 1 YES NOW YEAR OF DECEASED OF Manth Day Year										
	(Type or print) SOTAN ANN SUMMERS DEATH 8 24 19 60 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.										
	TEMALE WHITE WIDOWED DIVORCED CANDARY 14-1874 86 yrs. Manths Days Haurs Min.										
·	106. USUAL OCCUPATION (Give kind of wark dane) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) HODSEWIFE WASH CO.MD. U.S.A.										
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address										
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: To bular Preumonia, Bilateral ONSET AND DEATH 3 WEEKS										
	canditions, if any, which) (b) Arterio Sclerotic heart disease with congestine - unknow										
	gave rise to immediate cause (a), stating the under- lying cause last. DUE TO Reart failure (c)										
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PREMIUM PROPRIETES PERFORMED? YES NO NEW YES NEW YES NO NEW YES NEW YES NO NEW YES NE										
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at w										
	21. I certify that (I) (this haspital) attended the deceased fram April 25 1960, to Aug. 29 1960 that (I) (we) last saw the deceased glive an Aug. 29 1960 that death accurred attached, from the causes and an the date stated above.										
- 1	22a. SIGNATURE 22b. DATE STAFF 1 22b. DATE SIGNED										
,	22c. PHYSICIAN'S CUILD & Chun M.D. PHYS. DIRECTOR PHYS. W Aug 24 146 22c. PHYSICIAN'S CUILD & Chun M.D. PHYS. DIRECTOR PHYS. W Aug 24 146 22d. ADDRESS 1500 Penna. Ave Hagerstown M.										
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)										
20	BURIAC SEPT. 1.960 MT. CARMEL CEMETERY DICARMEL WASH, CO. MD. 24. FUNERAL DIRECTORS FIGNATURE BOONS BORO MD. DATE P 6 '80 OALLAN & HUMAN										
1	I SUCCESSION OF THE PROPERTY O										

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 payrs ofter deoth. Page 4 may be a med by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

Wet requireW OWALPSTALL SAMORAL APPLICATION NOON A LONG TO THE STATE OF THE STAT LABTER A nate of the second se Will Plackwall - American and Company THE PERSON OF SEVERAL BUILDING SEVERAL MARKETING TO THE PERSON OF THE PE WEST CONTRACTOR WAS CONTRACTOR Sobretice presenceing the late of the a priest allerente hourt dienne sie sommitten i lantin om in fortunes an elegant Salate meterne Parison parties. The state of the s All the said the first of the said the South The Mark Control of the Contro

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
.)	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

	Dist	No.	19	0	0	5
Fag.	Dist	No				

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLANI	o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wash.Co.Hospital	d. STREET ADDRESS 838 Chestnut St. 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle OECEASED (Type or print) ANNA AMELIA TEMPION	Lost 4. DATE Month Day Year OF DEATH August 17, 19609
5. SEX Female 6. COLOR OR RACE White Widowed D DIVORCED	8. DATE OF BIRTH Oct. 13. 1912 9. AGE (In yeors load birthday) 47 yrs. IF UNDER 1YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home	Hagerstown Wash. Co. Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Percy Rhodes	Bertha Brewer
(Yes, no, or unknown) (If yes, give war or dates of service)	Frank J. Templon, 828 Chestnut St.
ССАТИ	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY REFORMED? YES NO Enter nature of injury in Part 1 or Part 11 of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) tory, street, office bldg., etc.)
	icide , Homicide , Undetermined cause . M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL (Specify) 8/20/60 Rest. Haven	
23. Funeral Director's SignAture ADDRESS Andrew K. Coffman, Hagerstown, Md.	DATE AUG 2 3 '60 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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	Company Control					
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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rs after death. Page 4

O HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be and by the haspital or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 shift be state Baard of Health prior to burial, crematian, or remayal, and in any eyent, with in 72 hours after death.

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VR	AI	5	(4)
VR 15/	W	9/5	9

	PLACE OF DEATH	hington		MARYLAND	2. USUAL RESIDENCE	E (Where decease	ed lived. If institut b. COUNTY		before admission)
		hington outside corporate limits prest town)	s, write c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN		orate limits, write l		0
	d. NAME OF HOSPITA	yland State			d. STREET ADDRE	SS	•		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Ge	ertrud L	Aiddle . UISE	Thost	4. DATE OF DEATH	Moi Q	nth	Day Yeor 1960
5. 5	Female	TT		AARRIED	8. DATE OF BIRTH October 10	, 1877	9. AGE (In years lost birthdoy) 82 yrs.	Months D	YEAR IF UNDER 24 HRS ays Hours Min.
10c	during most of worki Housewife	N (Give kind of work do ng life, even if retired)	one 10b. KtND OF BUSIN	ESS OR INDU		Stote or foreign			n of What Country
13.	FATHER'S NAME			1000000	14. MOTHER'S MAIL	DEN NAME			
	Wilh	eim Sonntag	z		L	ydia Gro	sse		
15.			ES? 16. SOCIAL SECURIT	Y NO. 17. IN	IFORMANT		Add	dress	
(Ye	no, or unknown) (I	f yes, give war or dotes of ser	none none	M	irs. Hertha	Altmann	Hager	stown,	Maryland
7	Conditions, if on gove rise to im couse (o), stating to lying couse lost.	mediate DUE TO (c).	arterios	clero.	7.5				SINKNOWN
CATION	00-1	ac hypert					PE-BY	VEN IN PAKI	PERFORMED? YES NO
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	206. DESGRIBE HOW INJU	URY OCCURRE	D. (Enter noture of inju	ry in Port I or Po	ort II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	v 20d. INJURY OCCURRE While Not while of work of work		ACE OF INJURY (Home ctory, street, office bldg		ty or town)	(Co	unty) (Stote
	21. I certify that saw the decease 220. SIGNATURE	ed alive an all	- 0 1		death accurred at	1179	STAFF		2, that (I) (we) las date stated abave
	200	Victo	a di ne		m.D. [[[]]	DIKECIOK		6.01	149 0411461
	22c. PHYSICIAN'S NAME (Type)	Victo	R L. Ran	nas	22d. ADDRESS	md. Si	tate Hospi	tal, He	agerstrum m

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH O. COUNTY MARYL	man 13	2. USUAL RESIDENCE (When		If institution: Resider	ace before admission)
L	WHOMINGION		MARYLAN		WASH	INGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	4 1P	c. CITY OR TOWN (If out	side corporate lim	its, write RURAL ond	give nearest town)
	HAGERSTOWN 10 DAYS	J.K	BODASBOR	CO MD	, R.L	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION		d. STREET ADDRESS	9		e. IS RESIDENCE ON A FARM?
	WASH, CO. HOSPITAL		ROUTE 40	A -NO	RTH	YES NO
3.	NAME OF First Middle			4. DATE	Month	Day Yeor
	DECEASED (Type or print) LESLIE HARBAUG	.H 1	VALENTINE	OF DEATH AL	GUST - 4	1- 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8.	DATE OF BIRTH		(In years IF UNDER birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	MILE WITH WIDOWED DIVORCED		1A13CH-16-18	84 '	7 (0 yrs. 4	Days Hours Min.
10	IO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote or	foreign country)		IZEN OF WHAT COUNTRY?
9	during most of working life, even if retired) STIRED TOOL CRINDER SAMISON COLD STORE	D.	OREO, WAUNE	CBARA	PENNA	(1.S.A)
-	FATHER'S NAME	IGE LO	14. MOTHER'S MAIDEN NA		L ENIVOL	41017
	REUREAL MALENTINE		1/11/17	V STO	, , ,	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFO	DRMANT	9 010	Address	
	es. no, or unknown) (If yes, give war ar dates of service)	1170	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Basacoa	12 - NAD 17 1
F	F. 101.1130	14/173	MARY VALE	MIME	DOONSBO	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1	00 / 11	0 1	7	ONSET AND DEATH
1	IMMEDIATE CAUSE (o) PURPLUENS	we	Cardio Case	wer u	island	3 4-63
	DUE TO	0	1/	1		1
	Conditions, if ony, which) (b) Cerebr	al	/halmor	rhad	2	10day.
	gove rise to immediate couse (o), stating the under-	(Parlace	
	lying couse lost. (c)					
Z		TH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CON	DITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY
CATION						PERFORMED?
IFIC	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in Po	ort I or Port II of i	tem 18.)	1 0 0
CERTIFI						
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 2		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or tow	n) (County) (Stote)
MEDICAL	Hour o.m. While Not while p. m. 19 of work of work	10010	ry, sireer, office blog., etc.)			
	21. I certify that (I) (this hospital) attended the deceased f	-am A	1/1 7/6 10/	10 10 Luc	1.4 106	O, that (I) (we) last
	described to	//	8.16	M. V	7	
	saw the deceased alive an Aug 1960, and t	nat ge	ath accurred at [[]0.)	vr, from the c	auses and on th	e date stated above. 22b.DATE
	Melban	M.	D. ATTENDING MED	STA	FF S.	SIGNED
Г	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1.		1. 1
	G. Winevan		1200	nsloz	0	my
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OR	CREMATORY 2	23d. LOCATION (C	City, town, or county)	(Stote)
	REMOVAL (Specify) AUG-7-1960 BEAVER C	REE	C CENIFTERY	BEAVE	R PRISE LA	ASH, CO. M.D.
24	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	-17-1=		BY REGISTRAR	25b. REGISTRAR'S SI	
	Jahr J. Bast 1300NS130	RO	MP DATE ALL	100	arthur &	
1/	100011		DAIE AU	0 1000		

rs after death. Page 4 the attending physician and campletely filled in by the funeral directar, Then please remave carbon popers. Pages 1 and 2 should be filed with may be Exampled by the hospitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 one the State Boord at Health priar ta burial, cremotian, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	MARYLAND STATE DEPARTMENT OF HEALT	H-BALTIMORE, 18 09691
	9698 CERTIFICATE OF DEAT	H Reg. Dist. No.
)	b. CITY OR TOWN (If outside Apparate limits, write c. LENGTH OF STAY IN 1b c. OTT OR TOWN (If RURAL and give neorest town)	where decoased lived. If institution Residence before admission) WOUNTY Pulside Orporote limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION A. STREET ADDRESS A. STREET ADDR	expled lave on a FARM? YES NO
	3. NAME OF DECEASED (Type or print) NORENE TATE WALKER	DEATH AUG 30 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE-OF BIRTH WIDOWED DIVORCED UP 18, 16	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. M
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stot Arrived) OWN HOME VA	e or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME. 14. MOTHER'S MAIDEN	na Tuthet
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service) 214-16-7194 Brook Sie	Brown-Sister
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) Subacute & Chrowe)	Dyelracohnutis 18 mo
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Cavcinoma of	Pervix 3 = yr
5	PART II. OTHER REMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERN ACUTE PETE CAV di TIS: WORLDOWN	evania PERFORMED? YES NO
^	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	n Port I or Port II of item 18.)
•	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work of work.	
	21. I certify that I attended the deceased fram 199. 1960, to	1930, 1900, that I last saw the deceased
1	alive an 1907 1960, and that death accurred at 1909 ACTUAL SIGNATURE	ADDRESS (Striet, city or town, stote) ADDRESS (Striet, city or town, stote) DATE SIGNED
	PHYSICIAN'S NAME (Type) 1, B, Lydn Hag	of Stown led.
)	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. OME OF CEMETERY OR CREMATORY (Specify) 9-3-60 22c. OME OF CEMETERY OR CREMATORY	Sandy Spring, and
1	23. EUNERAL DIRECTOR'S SIGNATURE Surveley Rockolle M. DATES	EP 6 '60 Culling S. France

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

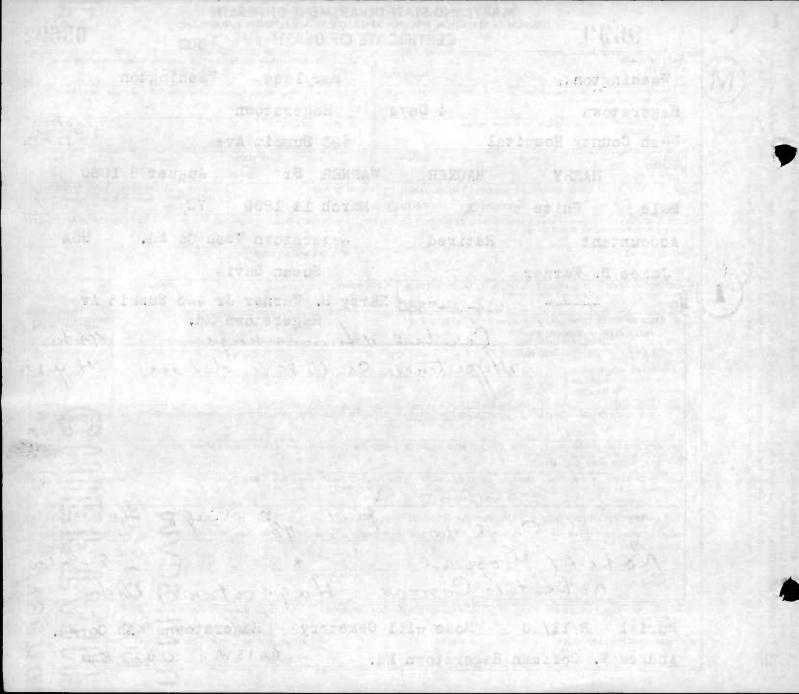
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1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	washing tor	
b. CITY OR TOWN RURAL and give Hagers d. NAME OF HOS OR INSTITUTION	(If autside carporate limits, nearest tawn) town PITAL (If nat in haspital, give	4 Days	c. CITY OR TOWN (If outside corp Hagerstown d. STREET ADDRESS 423 Summit A		give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HARRY	Middle BACKER	WARNER Sr 4. DATE OF DEATH	Month	Day Year 1960 19
s. sex		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 14 1890		R 1 YEAR IF UNDER 24 HRS Days Hours Min.
ACCOUN 13. FATHER'S NAME James	orking life, even if retired)	Retired 87 16. SOCIAL SECURITY NO. 17.1	ISTRY 11. BIRTHPLACE (Stote or foreign Lagerstown W. 14. MOTHER'S MAIDEN NAME Susan Dav NEORMANT ATTY B. Warner	is Address	USA it Ave
Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO the under (c) OTHER SIGNIFICANT CONDIT		Cardie Vare. T NOT RELATED TO THE TERMINAL DISEA ED. (Enter nature of injury in Part I or Part		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO.} \)
	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Year	20d. INJURY OCCURRED 20e. Pl			(County) (State
	Lech!	Connad Connad Connad	death accurred at BM, from M.D. PHYS. B MED. 22d. ADDRESS	n the causes and an th	that (I) (we) lass the date stated above \$22b.DATE SIGNET \$-9-(co
Burial	8/11/60	23c. NAME OF CEMETERY C	Cemetery Hag	ATION (City, town, or county)	h ConMd.
24. FUNERAL DIRECTO		ADDRESS Hagerstown Mc	25g. REC'D BY REGI	strar 25b. REGISTRAR'S S	

TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in a after death. Page 4 may be a farmed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



s ofter death. Page 4 moy be Anded by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 page 3 should be detached for use os the buriol, remotion, or removal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

1.	DLACE OF DEATH	shington	MARYLAND	a STATE	ICE (Where decease aryland	ed lived. If instituti b. COUNTY		
	RURAL and give ne	f outside corporate limits, write carest town) gerstown	c. LENGTH OF STAY IN 16	19 3	VN (If autside corp	orate limits, write R	URAL and give	nearest town)
1	OR INSTITUTION	AL (If not in haspital, give stree sington County		d. STREET ADD	RESS 29 Woodpo	int Ave.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First MARK	Middle ELWOOD	Last W 10 LH11	DE 4. DATE OF DEATH	Mor		Day Year 24 19 60
5.	SEX Male	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH August 23	3,1960	9. AGE (In years last birthday) yrs.	IF UNDER 1 YE Months Day	AR IF UNDER 24 HRS
100	a. USUAL OCCUPATIO during most of work Infan FATHER'S NAME	DN (Give kind of work done 10b ing life, even if retired)	. KIND OF BUSINESS OR IND None		erstown, N			OF WHAT COUNTRY
1/2		d Elwood Wilhi		Gail Le	ee Silver	nail	rass	
		(If yes, give war or dates of service)		.D.E.Wilhi	de 229 W			erstown, Mo
	Conditions, if or gave rise to it cause (a), stating lying cause last.	mmediate the <u>under.</u> DUE TO	fulmine		lector		0	NTERVAL BETWEEN NSET AND DEATH
CERTIFICATION	meltyle	der significant conditions	CONTRIBUTING TO DEATH BU	not related to the	IE TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(a	PERFORMED?
		S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	scribe How injury occuri none	RED. (Enter nature of in	ijury in Port I or Po	art II of item 18.)	(0,00)	
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	While		PLACE OF INJURY (Hor factory, street, affice bl NONE	me, farm, 20f. (Ci dg., etc.)	ty or town)	(Coun	ty) (State
	saw the deceas	t (1) (this haspital) attended alive an Aug	ded the deceased fram 2319 69 and that	death accurred of		Aug. 24 the causes or		
	22a. SIGNATURE	nD. Tu	nct		MED. DIRECTOR	STAFF PHYS.	8-	226. DATE SIGNED 25-60
	22c. PHYSICIAN'S NAME (Type)	Dr. John D.	lurco	22d. ADDRESS 302	I. Potoma	c Street-	agerst	own, Md
23	g. BURIAL, CREMATIO REMOVAL (Specify) Burial	8/25/60	23c. NAME OF CEMETERY Rest Have	or CREMATORY n Cemetery		ATION (City, town, gerstown		(State)
	FUNERAL DIRECTOR' Rest Haven	s signature Funeral Chape	ADDRESS L Hagersto		a. REC'D BY REGI	STRAR 25b, REG	istrar's signa	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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rs after death. Page 4

PLACE OF DEATH

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by TO HOSPI VR A15 (4) 15M 9/59

Washington	MARYLAND	Maryl	and b. co	Wast	rington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, v		
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Martin Manor Nursing Hom		d. STREET ADDRESS 935 Hami	lton Boulev	rard	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) NETTE	Middle BARBARA	WOLF E	4. DATE OF DEATH	Month Igust	Day Year 9 1960
5. SEX 6. COLOR OR RACE 7. MAR Female White WIDOW	RRIED NEVER MARRIED	B. DATE OF BIRTH March 6, 1869	9. AGE (In last birth	years IF UNDER	1 YEAR IF UNDER 24 HRS Days Hours Min.
	ept. Store	Hagerstown	Maryland		S.A.
13. FATHER'S NAME David Wolfe		14. MOTHER'S MAIDEN N Rachael H			
Man an an unlast of the		informant rs. Carlotta K	eller Hage	Address erstown,	Md.
PART I. DEATH (Enter only one cause per IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO DUE TO	line for (a), (b), and (c).] hronic Brai	is shows			INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the under. Solution Solution Solution		IT NOT RELATED TO THE TERMIN			T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. Haur a. m.		PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.		(0	County) (State
21. I certify that (I) (this haspital) attens aw the deceased alive an 8 - 9. 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dalton M. Wei		M.D. ATTENDING ME DIE	M, fram the cause	es and an the	22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	tawn, ar caunty)	(State)
Burial 8/11/1960 24 Suter - Rouzer Funeral H. Pr. Flanklin Kruzer	Rose Hill Come ADDRESS Hagerstown	25a. REC'I		negistrar's sic arthur 2.	Maryland GNATURE HIMM

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-	Ü	farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far year files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial-remation	
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1		2		1 9	MARYL	AND S	TATE DEPAR	TME	NT OF HEALT	H-BA	TIMORE,	18	0000
3	è,	K		97	20 ME	DICA	LEXAMINI	R'S	CERTIFICA 271 9-15-60	TE OF	DEATH	Reg. Dist. No	.0969
3	2	X	7	PLACE OF DEATH					2. USUAL RESIDENCE	Where decec	ed lived. If Institu	ution: Residence be	fore odmission)
	i C	(4)	1	. COUNTY	ashington	,	MARY	LAND	O. STATE	land	b. COUNT	Υ	ngton
)	ZZ		t	. CITY OR TOWN (II	outside corporate limits, write		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		porote limits, write		
	200			and give nearest fown	Maryland		5 cyrs.		X Hono	ools W	arvland		
	0	11	-		AL OR INSTITUTION (I)	d. STREET ADDRESS	UCK_W	ar A I SHIT		e. IS RESIDENCE
les.	prid	X		Н	ome								YES NO
, .	registrar		3.	NAME OF DECEASED	Firs	ıt	Middle		Last	4. DATE OF	Montl	h Day	Year
2	Çn G			Type or print)		klin	Stuart		Wood	DEATH	8	30	1960
, jo	e e		5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	13 8	DATE OF BIRTH		9. AGE (In years lost birthday)		Hours Min.
ned	E .			M	W	WIDOWED			.19.1907		53 yrs.	Months Days	Hours Min.
eta	3		10a	USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	done 10b. Kl	IND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Stot	e or foreign o	country)	12. CITIZEN C	F WHAT COUNT
be i	P /	-		School T					Narraga	nsett	R.I.	U.	S.A.
. 6.	- (13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
5 7	poges			Georg	e W Wood				Delia	Schmi	dt		
oge o	d.		15. (Yes	WAS DECEASED EV	R IN U. S. ARMED FOR	RCES? 16. S	OCIAL SECURITY NO.	17. IP	FORMANT		Address		
-	Ē			Yes		1		1	Toseph Woo	d 116	Moore :	St.Prin	ston N.
P.M3	Ē			18. CAUSE OF DEAT	TH [Enter only one caus	se per line f	or (o), (b), and (c).]					INTE	RVAL BETWEEN ET AND DEATH
E	permi			PART I. DEAT	H WAS CAUSED BY:	Cor	conary Athe	ros	clerosis. Se	evere			ecent
				120	A DUE TO								
÷ 3	Transit			Conditions, if a		Cor	conary Thro	mbo	sis				
guo.	porior			gove rise to immed (o), stating the s						-44			
				couse lost.	(c)_								
	0 2 0		NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I(o)	
ö.	2000	0	CERTIFICATION	00 0000									PERFORMED?
ner	9 0		TIF	20g. EXTERNAL CAL	SE WAS 201	b. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature of injury in Po	ort I or Port II	of item 18.)		ON THESE
			E.	CAUSE OF DEATH.	41KIBUTHAG LI								
Ä	spania		3	20c. TIME OF INJUI	Y Month, Day, Yeo			e. PLA	CE OF INJURY (Home, for	m, 20f. (City	or town)	(County)	(Stote
8 6	7		MEDICAL	Hour o.m.	19	While at wor	Not while	rocte	ory, street, office bldg., et	c.)			
Medi	000				ot I took charge	of the re	emains described	abo	ve, held on Autop	sy 🕱 I	nspection .	Inquiry	, ond find t
e c	2				from: Notural	-			cide [], Homicid	_	ndetermined o		128
5	2	O		0	0	0	6 _K_						
the	Z.			ACTUAL SIGNATURE	Eur	[h]	esto 1	2.	CHIEF MEDICAL	EXAMINER [DATE SIGNED
D.							0	91	ASSISTANT MEDI	CAL EXAMINE	R 🔲		
arde	remaval			EXAMINER'S NAME (Type)	r. E. W. Di	tto.	Jr.		DEPUTY MEDICAL	L EXAMINER	3 9-	2-60	
Orwc			220		N, 226. DATE THEREO		22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
	5 8			REMOVAL (Specify) Burial	9.7.60)	Arlington	Na	tional VA	Arli	naton V	Α -	
. 1.5.			23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC	O'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNATU	
A15M A 9/5			1	toured	2 de Alex	22	Homene	Q	mal DATE	SEP 7	60	Lilling S. The	
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